DOCUMENT RESUME

ED 222 430 SO 014 329

AUTHOR Glass, J. Conrad, Jr.; Knott, Elizabeth S.
TITLE An Analysis of the Effectiveness of a Lesson Series on Death and Dying in Changing Adolescents' Death Anxiety and Attitudes toward Older Adults.
INSTITUTION North Carolina State Univ., Raleigh. Dept. of Adult and Community Coll. Education.
SPONS AGENCY NRTA-AARP Andrus Foundation, Washington, D.C.
PUB DATE Jul 82
NOTE 210p.

EDRS PRICE MF01/PC09 Plus Postage.
DESCRIPTORS *Adolescents; Attitude Change; *Death; Educational Research; High Schools; *Older Adults; *Program Effectiveness; *Student Attitudes; Student Characteristics; Trend Analysis

ABSTRACT

Whether a unit of study dealing with death and dying caused changes in adolescents' death anxiety and attitudes toward older adults is investigated. Randomly selected students from high schools in North Carolina participated in the study. The experimental group numbered 323; there were 152 students in the control group. The experimental group participated in a series of ten 50-minute lessons on death and dying. The study employed a pretest, posttest, and follow-up posttest design. Pretests showed that adolescents had moderately high levels of death anxiety but positive attitudes toward older adults. Significantly related to the pretest levels of death were students' sex, last personal involvement with death, and school. Age, religion, grade, race, and first involvement with death were related to pretest attitudes toward older adults. In the posttest and follow-up posttest, both groups evidenced a small decrease in death anxiety and a slight change in attitudes toward older adults in a negative direction. Since these changes were not statistically significant, it cannot be concluded that participation in the lesson series influenced these changes. (RM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED222430

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. Conrad Glass, Jr.

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

AN ANALYSIS OF THE EFFECTIVENESS OF A LESSON SERIES ON DEATH AND DYING IN CHANGING ADOLESCENTS' DEATH ANXIETY AND ATTITUDES TOWARD OLDER ADULTS

By

J. Conrad Glass, Jr.

and

Elizabeth S. Knott

July, 1982

Sp 014 329

Department of Adult & Community College Education
North Carolina State University
and the NRTA/AARP Andrus Foundation

ABSTRACT

AN ANALYSIS OF THE EFFECTIVENESS OF A
LESSON SERIES ON DEATH AND DYING
IN CHANGING ADOLESCENTS' DEATH ANXIETY
AND ATTITUDES TOWARD OLDER ADULTS

The primary purpose of this study was to determine whether a lesson series on death and dying could influence significant changes in adolescents' death anxiety and attitudes toward older adults. A second purpose was to determine the extent to which certain personal and situational characteristics of adolescents were associated with death anxiety, attitudes toward older adults and any changes in these constructs. A third purpose was to determine if the changes in death anxiety and attitudes toward older adults would persist over time. A final purpose was to investigate the relationship between death anxiety and attitudes toward older adults.

The sample consisted of 475 adolescents from eight high schools randomly selected in North Carolina. The experimental group numbered 323 and 152 students constituted the control group.

The study employed a pretest--treatment--posttest--follow-up posttest design. The experimental group participated in a series of ten 50-minute lessons on death and dying designed by the researchers. The control group received no instruction but completed the pretest, posttest, and follow-up posttest. The lesson series was taught by social studies, psychology, or family life teachers at the eight selected schools.

The Templer-McMordie Death Anxiety Scale and the Kogan OP Attitude Scale were administered to all students before and after the experiment as well as four months later. A general information questionnaire was administered to

all participants before the experiment. A total of 475 students completed pretests and posttests while 350 completed all three administrations of the tests. The least squares analysis was the statistical procedure used to analyze the data at a .10 level of significance.

It was expected that the adolescents participating in this study would have high death anxiety and negative attitudes toward older adults. The levels of death anxiety were moderately high; however, the attitudes toward older adults were found to be positive. The respondents' sex, last personal involvement with death, and school were significantly related to pretest levels of death anxiety. Age, religion, grade, race, and first involvement with death were related to pretest attitudes toward older adults.

After the lesson series, both groups evidenced a small decrease in death anxiety and a slight change in attitudes toward older adults in a negative direction. None of these changes were statistically significant; thus, it cannot be concluded that participation in the lesson series influenced these changes. This trend toward declining death anxiety and more negative attitudes toward older adults was also found in the analysis of the follow-up data. Caution is warranted in interpreting the follow-up posttests due to the loss of respondents.

No variables selected for study were significantly related to the amount of change in death anxiety occurring between pretest and posttest. The respondents' age and pretest levels of death anxiety were significantly related to changes in attitudes toward older adults from pretest to posttest.

No significant relationship was found between pretest levels of death anxiety and attitudes toward older adults. A significant relationship was present after instrumentation and participation in the lesson series.

AN ANALYSIS OF THE EFFECTIVENESS OF A LESSON SERIES ON DEATH AND DYING IN CHANGING ADOLESCENTS' DEATH ANXIETY AND ATTITUDES TOWARD OLDER ADULTS

by

J. Conrad Glass, Jr.
Associate Professor, Adult and Community College Education
North Carolina State University

and

Elizabeth S. Knott
Research Assistant, Adult and Community College Education
North Carolina State University

Supported by:

The NRTA/AARP Andrus Foundation

July, 1982

ACKNOWLEDGEMENTS

Appreciation is expressed to the NRTA/AARP* Andrus Foundation for the financial support for this project. Special appreciation is given to Mr. John Ellington, Director, and Jesse Vun Cannon, Consultant, Division of Social Studies, Department of Public Instruction for the State of North Carolina, for their encouragement and support in this project.

Special appreciation is given to Dr. Curtis Trent, Associate Director, University of Arkansas, Cooperative Extension Service, and Dr. Ann McGee, Executive Director, Wake County Council on Aging, Raleigh, for their contribution to earlier research projects which provided the foundation for this study.

The assistance of the following superintendents of schools is gratefully appreciated: Jay M. Robinson, Ronald Singletary, Paul E. Welborn, L. C. Adcock, Kenneth F. England, Arthur C. Summers, Purnell Swett, and Jean Riggs.

The cooperation of the 475 senior high students who participated in the study is gratefully acknowledged. Gratitude is expressed to the following principals of the participating schools for their support: Leroy Miller, Charles. E. Thomas, Thomas Y. Wooten, Lowell M. Thomas, Ronnie W. Wilson, Lee G. Allison, Jerry L. Long, and Z. A. Koonce, Jr.

A special debt of gratitude is expressed to the following senior high teachers for their leadership and continued support, enthusiasm,

*National Retired Teachers Association/American Association of Retired Persons.

and the teaching of the "death and dying" unit: Janice Crilly, Linda Ligon, Gary Meeks, Vernell Anderson, Tom Stearns, Ken Goins, Bob Carr, and Janice Koonce.

Appreciation is expressed to Faye Childers, Computer Programmer, Department of Statistics, North Carolina State University, for her assistance in computer programming. Recognition is given to Dr. Kenneth Barber, Extension Sociologist, Cooperative Extension Service, Washington State University, Pullman, Washington, for his permission to use resource material which he had previously developed. Recognition is also given to Marjorie Edwards and Selma McEntire who contributed to the typing and other tasks necessary to the completion of the project.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
LIST OF FIGURES	viii
INTRODUCTION	1
Purpose	1
Background and Need for Study	3
Limitations	6
CONCEPTUAL FRAMEWORK AND REVIEW OF THE LITERATURE	7
The Concept of Attitudes and Attitude Formation	7
Attitudes Toward Death and Dying	10
Attitude Change Through Death Education	10
The Need to Evaluate Death Education Programs	13
Death Anxiety as a Dependent Variable	14
Independent Variables Related to Death Anxiety	16
Attitudes Toward Older Adults as a Dependent Variable	22
Independent Variables Related to Attitudes Toward Older Adults	23
Objectives	27
METHODOLOGY	28
The Research Design	28
Population and Sample	28
Development of Educational Intervention Module (Lesson Series)	32
Instrumentation and Data Collection	33
Analysis of Data	36
RESULTS	38
Profile of Participants	38
Level of Death Anxiety	41
Relationships Between Respondent Characteristics and Death Anxiety	43
Unit on Death and Dying and Changes in Death Anxiety	50
Relationships Between Respondent Characteristics and Changes in Death Anxiety	52
Attitudes Toward Older Persons	55
Relationships Between Respondent Characteristics and Attitudes Toward Older Persons	56
Unit on Death and Dying and Changes in Attitudes	62
Relationships Between Respondent Characteristics and Changes in Attitudes Toward the Aged	65
Analysis of Follow-up Posttests	67

TABLE OF CONTENTS (continued)

	Page
SUMMARY AND CONCLUSIONS	99
Purpose	99
Background and Need for the Study	99
Research Procedures	100
Results and Conclusions	102
Implications	110
Recommendations	112
REFERENCES	114
APPENDICES	123
Appendix A. Leader's Guide to the Lesson Series	124
Appendix B. The General Information Questionnaire	182
Appendix C. The Kogan O. P. Scale	184
Appendix D. The Templer-McMordie Death Anxiety Scale	187
Appendix E. Correlation Matrix Tables	191
Appendix F. Supplementary Materials for Use with The Workshop Series	194

LIST OF TABLES

Page

1. Frequency distribution of respondents by personal and situational characteristics (N=475) 39
2. Relationships between death anxiety, pretest, and personal and situational characteristics of respondents (N=475) 44
3. Death anxiety by personal and situational characteristics (N=475) 45
4. Relationships between death anxiety, posttest, and personal and situational characteristics of respondents (N=475) 53
5. Relationships between changes in death anxiety, difference in pretest and posttest, and personal and situational characteristics of respondents (N=475) 54
6. Relationships between attitudes toward the aged, pretest, and personal and situational characteristics of respondents (N=475) . . 59
7. Attitudes toward the aged by personal and situational characteristics (N=475) 60
8. Relationships between attitudes toward the aged, posttest, and personal and situational characteristics of respondents (N=475) . . 63
9. Relationships between changes in attitudes toward older persons, difference in pretest and posttest, and personal and situational characteristics of respondents (N=475) 66
10. Frequency distribution of those who responded to three administrations of the Templer-McMordie Scale by personal and situational characteristics (N=350) 69
11. Relationships between death anxiety, pretest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350) 72
12. Death anxiety by personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350) 73
13. Relationships between death anxiety, posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350) 77

LIST OF TABLES (continued)

Page

14. Relationship between changes in death anxiety, difference in pretest and posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350) 78

15. Relationship between death anxiety, follow-up posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350) . . 81

16. Relationship between changes in death anxiety, difference in posttest and follow-up posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350) 83

17. Relationship between attitudes toward older adults, pretest, and personal and situational characteristics of the Kogan O P Scale (N=350) 86

18. Attitudes toward older adults by personal and situational characteristics of adolescents responding to three administrations of the Kogan O P Scale (N=350) 87

19. Relationship between attitudes toward older adults, posttest, and personal and situational characteristics of those responding to three administrations of the Kogan O P Scale (N=350) 91

20. Relationship between changes in attitudes toward older adults, difference in pretest and posttest, and personal and situational characteristics of adolescents responding to three administrations of the Kogan O P Scale (N=350) 93

21. Relationship between attitudes toward older adults, follow-up posttest, and personal and situational characteristics of adolescents responding to three administrations of the Templer-McMordie Scale (N=350) 95

22. Relationship between attitudes toward older adults, difference in posttest and follow-up posttest, and personal and situational characteristics of adolescents responding to three administrations of the Templer-McMordie Scale (N=350) 96

LIST OF FIGURES

		Page
1.	Model for evaluating the influence of a lesson series on death and dying on adolescents' death anxiety	29
2.	Location of schools selected for participation in study	31
3.	Death anxiety, pretest, mean score on Templer-McMordie Death Anxiety Scale (N=475)	42
4.	LS mean scores, death anxiety by group (N=475)	51
5.	Attitude toward older persons, pretest, mean score on Kogan O P Scale	55
6.	LS mean scores, attitudes toward older persons by group (N=475) .	64
7.	Death anxiety, pretest, mean score of those who responded to three administrations of the Templer-McMordie Scale (N=350) . . .	71
8.	LS mean scores, death anxiety, by group, for those responding to three administrations of the Templer-McMordie Scale (N=350). .	76
9.	Attitude toward older persons, pretest, mean score of those who responded to three administrations of the Kogan OP Scale (N=350)	85
10.	LS mean scores, attitudes toward aged, by group, for those taking three administrations of the Kogan O P Scale (N=350) . . .	90

INTRODUCTION

Purpose

This project is designed to build on two projects previously funded by the Andrus Foundation entitled "An Analysis of the Effectiveness of a Lesson Series in Changing Adolescents' Attitudes Toward the Aged" and "The Influence of a Workshop on Death and Dying on Death Anxiety, Life Satisfaction, and Locus of Control Among Middle-Aged and Older Adults in North Carolina."

The population of the first study was junior high school adolescents in North Carolina. The learning experiences consisted of a lesson series on aging introduced in the public schools. The attitudes of the students toward the aged were measured prior to and immediately following the learning experiences. A follow-up test was also completed after four to six months to determine whether the changed attitudes persisted over time.

The major conclusions of this study were that the attitudes of adolescents toward the aged could be changed in a positive direction through a lesson series in the public schools and they did persist over a period of four to six months.

The population in the second study consisted of middle-aged and older adults in North Carolina. This study considered whether middle-aged and older adults' attitudes regarding death anxiety, life satisfaction, and locus of control could be changed significantly through participation in a workshop on death and dying. The study also attempted to determine the extent to which certain personal and/or situational characteristics of the participants were associated with

pretest levels of death anxiety, life satisfaction, and locus of control.

The major conclusions of this study were that participation in a workshop on death and dying produced a significant decrease in death anxiety. Significant relationships were also found between the participants' pretest levels of death anxiety, life satisfaction, and locus of control and certain personal and situational characteristics.

The basis for expanding these projects lies in the question, "If attitudes of the middle-aged toward death and dying can be changed through carefully planned educational experiences, is it possible to change adolescents' attitudes through the same means?" Further expansion can be found in the conceptual model of the relationship between death anxiety and attitudes toward older adults. It can be theorized that if young people have high death anxiety, they may reject the aged as this age group may be associated with the natural end of the life cycle which is death.

The primary purpose of this study was to determine whether the death anxiety of adolescents can be lowered and whether adolescents' attitudes toward older adults can be changed in a positive direction through participation in a series of learning experiences on death and dying. More specifically the study addressed the following research questions:

1. What are the current levels of death anxiety and attitudes toward older persons of high school students in North Carolina?

2. To what extent are selected personal and situational characteristics related to adolescents' death anxiety and attitudes toward older adults?

3. Is there a relationship between death anxiety and attitudes toward older adults?

4. Can adolescents' death anxiety and attitudes toward older persons be changed in a positive direction through participation in a series of ten 50-minute lessons on death and dying?

5. To what extent are selected personal and situational characteristics related to changes in adolescents' levels of death anxiety and attitudes toward older adults?

6. Do changes in death anxiety and attitudes toward older adults persist after four months?

Background and Need for Study

The universal phenomenon of death has been a concern of all societies and a major subject of study for theologians, philosophers, physicians, sociologists, and psychologists. Yet, in American society, a concern with death is not a socially desirable stance (Dickstein, 1978) and death is considered a taboo subject.

In the 20th century, acute, infectious diseases have been conquered and lifesaving/life-maintaining technologies have been greatly improved. Thus, more people are living into adulthood and old age. Yet, the rational, scientific methods used in the development of these technologies have not concomitantly enhanced man's ability to deal with the mystery and meaning of death. There seems, instead, a corresponding increase in many people's inability to cope with the death experience. As Fulton (1976) states, in American today, we react to death as we would to a communicable disease, with disguise and denial.

With the increases in the life expectancy in our society, old age has become closely associated with death.

> Although the old have always died, the dying have not always been old. It is only in the very recent decades that death has become primarily the province of the elderly, rather than an event scattered erratically across the life span (Kalish, 1976, p. 484).

Thus, the social issues of death become the social issues of aging and the rejection and denial of death becomes the rejection and denial of aging and the aged.

The social cost to the elderly for this rejection can be high. The orientation which others have toward the aged may be critical to the older person's adjustment and survival. Negative views toward aging and the aged may also cause the young to disassociate themselves from their own aging. Examination of this negative orientation becomes more critical when considering society's growing number of older adults. By the year 2000, it is estimated that one-third of the United States' population will be 60 years of age or older (McClusky, 1975).

Human nature is such that man can anticipate the future and therefore anticipate his own aging and death. Death then takes on a very personal and individual meaning. The complexity of the meaning of death is discussed by Kalish (1976, p. 483):

> Death means different things to the same person at different times; and it means different things to the same person at the same time.

Kalish goes on to state that among the varying meanings of death, three major ones appear: death as an organizer of time, death as loss, and death as punishment.

In a more positive orientation, death can also give meaning to life. As Blazer (1978, p. 77) elaborates:

> Death is inseparable from life, giving life a finiteness that makes meaning possible. All people should be confronted with death as soon as the course of their development permits.

The work of thanatologists such as Kubler-Ross (1969), Kastenbaum and Aisenburg (1972), Green and Irish (1971), Fulton (1976), and Kalish (1963, 1976) have done much to reduce the taboo nature of death and dying while Leviton (1977) and others in the field of death education have sought to promote more positive, realistic attitudes toward death. Educational experiences can be seen as appropriate means for reaffirming life, dispelling taboos and confronting the anxieties and fears surrounding death.

Barber (1978) perhaps sums up best the case for death education and the basis for this study:

> We want to talk about death for positive reasons. It seems that it is beneficial, helpful, and growth enhancing to talk about death and grief because:
>
> - they are natural parts of life and living,
> - they are inevitable facts of life,
> - it isn't logical or realistic to separate death from life,
> - to learn about death is to learn something about life.
>
> Therefore, it is the hope and expectations that through the educational process of information and idea sharing, talking and discussing, analyzing and reflecting the individual can come to terms with . . . [one's] own personal attitudes, feelings, emotions, and values, and experience a dimension of growth towards becoming a mature human being. It is a way of "being prepared" for our own death. [It is] an opportunity to develop skills and confidence in helping others deal with their own dying, death, or grief. Being forewarned is akin to being forearmed. To have information is to eliminate many of the fears, the unknown, the unexpected from life, and to be better able to handle life's experiences more competently. This sort of experience is called anticipatory socialization.

Limitations

The following factors are considered to be the major limitations of this research:

1. The findings and conclusions are limited in application to high school students in North Carolina.
2. The time frame of ten 50-minute sessions for the educational intervention may have limited the amount of attitudinal change which could occur.
3. The use of a different teacher in each location may have accounted for some attitude change or lack of change which would be unrelated to the educational module.
4. The teachers' attitudes toward death and dying and toward older adults may have influenced the attitudes of the adolescents.
5. There is an acknowledged difficulty in the literature of operationalizing and measuring attitudes toward death and dying, death anxiety, and fear of death. Time and budget constraints precluded the development of an instrument capable of measuring all individual variations of these constructs.

CONCEPTUAL FRAMEWORK AND REVIEW OF THE LITERATURE

The Concept of Attitudes and Attitude Formation

The focus of this research centers around the concept of "attitudes"--attitudes toward death (death anxiety) and attitudes toward older persons. Thurstone's (1946, p. 39) definition of "attitudes" is quite helpful at this point:

> . . . the intensity of positive or negative affect for or against a psychological object. A psychological object is any symbol, person, phrase, slogan, or idea toward which people can differ as regards to positive or negative affect.

Triandis (1967, pp. 2-3) adds another dimension to Thurstone's thought:

> An attitude is an idea charged with emotion which predisposes a class of actions to a particular class of social situations.

This definition suggests that attitudes have three components: (a) a cognitive component, (b) an affective component, and (c) a behavioral component, that is, a predisposition to action. Triandis (1967, pp. 14-16) elaborates on this idea:

> Attitudes involve what people think about, feel about and how they would like to behave toward an attitude object. Behavior is not only determined by what people would like to do but also by what they think they should do, that is, social norms, by what they have usually done, that is, habits, and by the expected consequences of the behavior, ... Attitudes are neither necessary nor sufficient causes of behavior. They are "facilitative causes."

With the ideas of Thurstone and Triandis as background for comprehending the meaning of "attitudes," attention can now be shifted to some discussion as to how attitudes are formed and how attitudes can be changed.

A number of authorities, including Triandis (1971), say that attitudes are learned through the experiences that a person has in interacting with family, friends, and associates. Triandis further notes that we adopt, as guides for our own attitudes, the attitudes of members of groups that we belong to or would like to belong.

Attitudes are also learned through our direct exposure to an attitude object. In other words, experiences determine attitudes. Surprisingly, only a small proportion of our attitudes appear to develop from direct experience with the attitude object. Most attitudes appear to be "caught" (learned) from family, friends, and significant groups. However, attitudes developed from direct contact with the attitude object appear to be more intense.

Gaining knowledge about the attitude object also appears to influence one's attitudes toward that object. A study by Sizer and Porter (1960) reflected that the more knowledge one has about an innovation the more likely he is to adopt it.

In analyzing attitude change, Triandis (1971, p. 143) points out that:

> Attitude change can occur by first changing the cognitive component (new information), the affective component (pleasant or unpleasant experiences in the presence of the attitude object), or the behavioral component (by normal change or legal imposition of behavioral changes).

Triandis (1971, p. 172) also notes that:

> Each attitude change process is affected by a different aspect of the source. Compliance is generally dependent upon the power of the source; identification is dependent upon its attractiveness, and internalization upon its competence.

Herbert Kelman, in a similar vein, says there are three reasons for changing attitudes. The first, compliance, is for the purpose of gaining approval from others by changing one's attitudes. The second reason is for identification with others. The third is internalization, which means that the attitude and resultant behavior fits in with the person's own values, or it is useful to him to solve problems or fill needs. Satisfaction comes from the content of the attitude, while in compliance it comes from the social effect and in identification from the act of conforming (Fishbein, 1967, p. 470).

McKeachie and Doyle (1966, p. 43) note that an individual's behavior in a situation related to an attitude depends on both the attitude and the situation. They conclude by stating that attitudes may change as a result of:

1. Changes in the cognitive component, the affective component, or the action component; or

2. Changes as a function of group participation, immediate decision, public commitment, and perceived consensus.

A study of Sherif, Sherif, and Nebergall (1965, p. 13) reflects that:

> Changing an individual's attitude means changing him as a person, changing a part of himself as he has come to know himself relative to his social world. This change depends very generally on the receipt of new information that is in some way relevant to the attitude holder.

In the proposed project, the researchers are cognizant of the cognitive, affective, and behavioral components of attitudes. There is also an awareness that if attitudes are learned, then new ones can be learned. Therefore, if young people, and others, have learned

negative attitudes toward death and dying and older persons, it is not destined that they retain these attitudes. They can learn more positive ones!

Attitudes Toward Death and Dying

There is much discussion in the literature as to how attitudes toward death and dying can be operationalized. Numerous terms have been used interchangeably, thus showing the difficulty in measuring these attitudinal states on the individual level. For example, Dickerstein (1972) used "Death Concern"; Kurlychek (1976) used "Death Acceptance"; Boyar (1964) used "Fear of Death"; Lynch (1976) used "Death Image Potency"; and Templer (1970) used "Death Anxiety."

This study used "Death Anxiety" as the term for operationalizing attitudes toward death and dying for it is logical to assume that negative attitudes toward death and dying would be anxiety-producing.

Attitude Change through Death Education

Of the studies which have been conducted to evaluate the effectiveness of death education in changing attitudes, varying and conflicting results have been found. Murray (1974) did not find a reduction of death anxiety for nursing students at the end of a death education program; however, a reduction was found upon completion of the follow-up posttest. A major limitation of this study was the lack of a control group against which the significance of the results could be measured. In her study involving nursing students, Bailey (1976) did employ a control group. A significant measurable difference in attitudes was found between groups as a result of the educational intervention. Miles (1980) tested the effects of a course on death

and grief conducted for nurses who worked in high-risk death areas of hospitals and found that the nurses had more positive attitudes toward death and toward dying patients after completion of the six-week course.

In two studies by Leviton and Fretz (1978-1979) to measure the effects of death education on fear of death and attitudes toward death and life in college students, a significant decrease was found in the fear of "death of others" and the fear of "dying others." Hoelter and Epley (1979) also used college students enrolled in an academic course on death and dying to evaluate the effect of death education on death-related attitudes. Among the items included in the questionnaire, the researchers operationalized fear of death into eight Likert-type subscales: fear of the dying process; fear of the unknown; fear of the body after death; fear of conscious death; fear of being destroyed; fear for significant other; fear for the dead; and fear of premature death. No evidence was found to support the assumption that death education can serve to reduce fear of death and promote more positive attitudes toward the terminally ill.

Similarly, Bohart, and Bergland (1979) found no significant effect of death and dying counseling groups on death anxiety in college students. In discussing the possible explanations for this non-significance, the researchers state (p. 389) ". . . this study did not allow for the confounding effect of heterogeneous death anxiety. The possibility exists that the personal meaning of death anxiety varies radically within any given population." Watts (1977) centered his research on the evaluation of a death education instructional unit rather than on an entire course on death and dying. Using college students

in an introductory health education class, the researcher implemented a five-session lesson series. As a result, death attitudes were significantly changed in a positive direction.

Bailes and Kennedy (1977) hypothesized in their study that if death education courses had shown a decrease of fear of death among college students, then it should have the same effect at the secondary school level. Using volunteer learners, the researchers found that participation in a death education course actually increased the students' fear of death.

Noland, Richardson, and Bray (1980) conducted two experiments involving a death education unit for ninth-grade girls. The first experiment showed significant differences between experimental and control groups on the behavioral measures after the death education unit but no significant differences on the cognitive and attitudinal differences. The researchers attributed these outcomes to differences between the groups initially and the inability to isolate the control group adequately from those in the experimental group. The second experiment selected a control group from a different school and found significant differences on all three posttest measures with a general pattern for experimental scores to become more positive over time (follow-up posttest).

In a study involving middle-aged and older adults, Trent, Glass, and McGee (1981) found a significant decrease in death anxiety among those subjects who participated in a workshop series on death and dying. The control group, which did not participate in the educational intervention, showed no change in death anxiety.

While the studies reported have shown some conflicting results, there is evidence that attitudes toward death and dying can be changed in a positive direction through participation in death education courses. This research effort was primarily directed toward change in adolescents' attitudes toward death while simultaneously affecting changes in attitudes toward older adults by providing information regarding the death experience and providing opportunities for interaction and self-reflection in a supportive environment. Thus, the cognitive, affective and behavior components were considered in the development and implementation of the death education module used in this study.

The Need to Evaluate Death Education Programs

It is well established in the literature that there is a need for rigorous evaluation of the effectiveness of death education programs. While there are articles advocating the need for death education in the public schools (McLendon, 1979; Garner and Acklen, 1978; Hymovitz, 1979), it should be noted that this is a relatively new concept. "Nevertheless, as is often true during the early stages of new subject matter curriculum development, many content, method and material ideas have been offered prior to objective and careful field testing" (Watts, 1977, p. 188). Much of the measurement of attitude change which has been conducted is of a subjective nature rather than the empirical research which is needed.

As has been seen in the review of the literature, most of the research which has been done has been at the college level and has used volunteer learners. A need was seen to broaden this research to

other educational levels and to move away from volunteer learners, as the type of person who would volunteer for such a course might possibly have a predisposed orientation towards or a fascination with death and dying which might bias the outcome. Finally, in reviewing the literature, there was a noticeable lack of evaluation of lasting attitude change.

With such little research on death and dying among adolescents, this study was an attempt to develop learning experiences which would reduce levels of death anxiety as well as provide a series of lesson plans to be used by any school to integrate into its curriculum.

Death Anxiety as a Dependent Variable

The major dependent variable in this study was death anxiety. A discussion of this construct will begin with anxiety.

While there is no agreed upon definition of anxiety, one that is frequently used in psychology is ". . . a transitory emotional state or condition characterized by feelings of tension and apprehension and heightened autonomic nervous system anxiety" (Wilkening, 1972, p. 24). Lidy (1968, p. 32) defines anxiety as follows:

> In humans, anxiety is a derivative of fear and is accompanied by much the same physiological manifestations. Anxiety is largely concerned with unconscious dangers, particularly those that could result from one's own impulses, and it is also concerned with anticipated future dangers rather than tangible matters that can be coped with through action.

In their discussion of anxiety, Hall and Lindzey (1978, pp. 47-48) state:

> The individual's customary reaction to external threats of pain and destruction with which it is not prepared to cope is to become afraid. The threatened person

> is ordinarily a fearful person. Overwhelmed by excessive stimulation that the ego is unable to bring under control, the ego becomes flooded with anxiety.

The authors continue (p. 48):

> The function of anxiety is to warn the person of impending danger; it is a signal from the ego that unless appropriate measures are taken the danger may increase until the ego is overthrown. Anxiety is a state of tension; it is a drive like hunger and sex but instead of arising from internal tissue conditions, it is produced originally by external causes.

Despite some writings regarding the phenomena of after-life experiences (Moody, 1976; Benton, 1978), death remains an unknown for mankind. As such, death can be viewed as the ultimate threat of impending danger and destruction, a state of nonbeing and nonexistence. Thus, the realization of man's finiteness can be anxiety-producing. Some research has been done which empirically demonstrates this relationship between general anxiety and death anxiety (Dickstein, 1978; Pinder and Hayslip, 1981).

While high death anxiety or fear of death may be counterproductive to the full realization of the potential of one's life, it should not be the goal of death education to eliminate all fear of death. As Leviton (1970, p. 49) states: "Rational fear of death has survival value." The goal of death education should then be the change of those fears which can be ameliorated such as fear of hell, fear of pain and loneliness, fear of tasks left incomplete or words left unsaid (Leviton, 1977).

Death anxiety is a complex, multifacited concept. Nelson and Nelson (1975) state that there are four factors found in death anxiety: death avoidance, death fear, death denial, and reluctance to interact with the dying. Templer (1970) states that his Death Anxiety Scale

measures four aspects of death anxiety: the act of dying, the finality of death, corpses, and burial. However, in later writings (Templer, 1970), he sets forth a two-factor theory of death anxiety. The two general determinants of death anxiety are psychological death and life experiences related to the topic of death. Using five different sample groups, Lonetto, Fleming, and Mercer (1979) found a commonality of death anxiety factors across all groups: the cognitive-affective component, physical alterations, awareness of time, and stressors and pain.

While people of all ages must cope with the inevitability of death, references have been made regarding the unique position of adolescents in this process. Studies by Katenbaum (1959) and Alexander and Alderstein (1958) point to a sudden rise in the feelings of emotional threat which confrontation with death can precipitate. Kahana and Kahana (1972, p. 37) infer that feelings toward death become more intense and salient during times of developmental transition:

> There may be several reasons for the adolescent's fears of death. As the child gets older he may no longer view himself as immune from death, and may have to use more generalized forms of denial. Adolescence also marks the completion of a cognitive shift to more abstract forms of thought, leading to a fuller awareness of the meaning of death. Death may also take on special significance during critical periods of transition to new roles, as it represents the ultimate transition.

Independent Variables Related to Death Anxiety

The independent variables utilized in the study of death anxiety in this project consisted of selected personal and situational characteristics. These variables shall be discussed in this section.

Sex

The research regarding the relationship between sex and death anxiety has been conflicting. Tammarino (1975); Templer, Ruff, and Franks (1971); and Pandey and Templer (1972) found females to have significantly higher death anxiety than males. Cole (1978) states that single males have significantly higher death anxiety than single females with females tending to be other-oriented in relation to death anxiety. Perkes and Schildt (1979) found no sex differences in adolescent populations. In a sample of undergraduate students, Dickstein (1978) found no significant sex differences on four separate death scales.

Age

As has been previously stated, Cole (1978) and Kalish and Reynolds (1977) found older adults evidenced lower death anxiety and less fear of their own death. On the other hand, younger persons had higher death anxiety. Diggory and Rothman (1961) and Bengtson, Cuellar, and Ragan (1961) found that expressed fear of death decreases with age. This finding corroborates the findings of Jeffers, Nichols, and Eisodorfer (1961) who concluded that the older the person, the more positive his attitude is toward death. Using several population groups, Templer, Ruff, and Franks (1971) reported no significant correlation between scores on the death anxiety scale and age.

Race

Little research has been done on the relationship between race and death anxiety. Bengtson, Cuellar, and Ragan (1961) reported no meaningful differences among blacks, whites, and Mexican-Americans. Using

black and white population groups, Pandey and Templer (1972) found no significant differences. Cole (1978) reported that blacks had a higher level of death anxiety than whites; however, he cautions against any generalizations due to the low number of blacks in his sample.

Religious Preference

As with race, there is a paucity of research to evaluate an individual's preference of religious denomination and death anxiety. In comparing 95 healthy subjects and 92 terminally ill subjects according to whether their faith(Protestant or Jewish) influenced their anxiety about death, Feifel (1976) found no significant differences.

Tammarino (1975) sampled 249 ninth graders and found that the means on the Death Anxiety Scale were highest for those who had no religious preference. The students who were Catholic had the next highest means followed by Jewish, "Other," and Protestant.

Cole (1978) reported that those persons with a religious preference had higher death anxiety than did those with no religious preference. He stated that the religious persons might be more preoccupied with death and be more concerned about their afterlife. As the nonreligious persons would not have these concerns, they might then be less fearful of death.

Place in Family

While research has been done on birth order and school achievement (McClure, 1971), the ethics of social responsibility

(MacDonald, 1971), self-esteem, and self-concept (Coppersmith, 1967; Eisenman, 1970; Rosenberg, 1965), and attitudes toward older adults (Trent, Glass, and Crockett, 1979; Glass and Trent, 1980; Glass and Knott, 1981), little research has been done on the relationship between birth order and death anxiety. Although there was no control for size of family, Tammarino (1975) found that the Death Anxiety Scale means were lower (6.11) for those students who were the youngest than they were for the oldest (6.81) and the "other" children (6.81). While no generalizations can be made from Tammarino's findings, this research included place in family as an independent variable in an effort to determine if a relationship was indeed present.

Grade in School

While no research could be found investigating the relationship between grade in school and death anxiety, research has shown there to be a generally negative relationship between death anxiety and education. Riley (1968, p. 4) stated:

> The higher the education, the less negative the respondent's image of death, the less his expressed anxiety about death and the more active his adaptation to death.

Similarly, Cole (1978) found that persons with less education had significantly higher death anxiety.

The researchers were cognizant of the fact that the differentiations under this variable would be limited (only 10th, 11th, and 12th grades). It was felt that a significant relationship between this variable and death anxiety might have a large impact on and justification in the placement of death education units within a certain grade level.

School

Due to the random sampling used in selecting the schools, they varied greatly in their characteristics. Some of the schools were large while others were small. There were schools in urban and rural settings. One of the rural schools was a large consolidated high school, the only one in the county. The schools selected reflected the diversity found in secondary education in North Carolina. It was felt that the inclusion of school as a variable would give some insight into the consistency of death anxiety among North Carolina adolescents.

Previous Experience with Death

For this study, previous experience with death was measured by four variables: first involvement with death, last involvement with death, funeral attendance, and discussion of death in the home. An assessment of previous experience with death is limited due to the paucity of research.

Cole (1978) found a lower death anxiety among those respondents who had experienced the death of a family member or friend during the previous year. It was explained that this may be due to the desensitization effect of the recent loss.

The death of a family member or friend during the early years can have a profound effect on a child's development. This variable was included in this research in order to determine its relationship with death anxiety levels in adolescents.

Attitudes Toward Older Adults

As a part of this research project, attitudes toward older adults was considered as an independent variable when testing their relationship to the dependent variable, death anxiety. There can be found in the literature various references to the association between death and the elderly (Kalish and Reynolds, 1977; Kalish, 1976; Fulton, 1976; Fulton and Fulton, 1976; Blauner, 1976) as well as the relationship between the fear of death and the fear of growing old (LaPiere and Farnsworth, 1949; Fiefel, 1959). As Fiefel (1959, p. 122) states:

> Along this line, I believe that the frenetic accent on, and continual search for, the 'fountain of youth' in many segments of our society reflects to a certain degree, anxieties concerning death. One of the reasons why we tend to reject the aged is because they remind us of death.

In reviewing the literature, few studies could be found which considered attitudes toward aging as a function of death anxiety. For their study, Salter and Salter (1976) used college students in introductory psychology classes as their population. Using an anxiety-denial hypothesis which stated that fear of aging and death would result in repression of ideas associated with aging and a rejection of the aged, the researchers found moderate evidence to the contrary.

Drawing a sample from undergraduate students and personnel in the field of aging, Pinder and Hayslip (1981) investigated general anxiety, death anxiety, knowledge and attitudes toward death and dying and attitudes toward older people. The authors state that responses to the attitudinal items did not support concerns which have been voiced regarding the relationship between age and death and its impact on the care and services which the elderly receive.

Attitudes Toward Older Adults as a Dependent Variable

As was stated earlier, death anxiety was considered the primary dependent variable in this study with attitudes toward older adults as an independent variable. However, as a secondary dependent variable, this project sought to investigate the adolescents' attitudes toward older adults, the relationship between these attitudes and selected personal and situational characteristics, and whether these attitudes could change as a result of participation in a death education experience. It has been well-documented that a substantial proportion of the members of society have negative attitudes toward aging and the aged (Tuckman and Lorge, 1953; Kogan and Shelton, 1962a and b; McTavish, 1971; Bennett and Eckman, 1973; Thorson, 1975; Harris, 1975). It is generally accepted that "being old" is not the best when compared with "being young."

While some research reports evidence to the contrary (Thomas and Yamamoto, 1975; Porter and O'Connor, 1978; Trent, Glass, and Crockett, 1979; Glass and Trent, 1980), most past investigations on adolescents have reported a negative view of old age (Aaronson, 1966; Arnhoff and Lorge, 1960; Kogan and Shelton, 1962; Tuckman and Lorge, 1956, 1958a and b). There is some research (Hickey, Hickey, and Kalish, 1968) which suggests that adolescents hold the most negative attitudes toward older persons of any other age group.

The orientation which other age groups have toward the elderly can affect their self-image, feelings of adequacy and usefulness, and attitude toward life (Bennett and Eckman, 1973; Ginzberg, 1952; Kahana and Coe, 1969; Levin, 1964; Linden, 1957; Palmore, 1969). As Rosow (1962) has so aptly stated:

> By now it should be clear that the crucial people in the aging problem are not the old, but the younger age groups, for it is the rest of us who determine the status and position of the older person in the social order.

Independent Variables Related to Attitudes Toward Older Adults

Sex

Conflicting evidence is present regarding sex as a factor influencing attitudes toward older adults. Some research (Kogan and Shelton, 1962; Neugarten and Gutmann, 1958; Perril, 1963; Merrill and Gunter, 1969; Tuckman and Lorge, 1952a) indicates that females have more negative views than males and that their attitudes are somewhat more stereotyped. While Trent, Glass, and Crockett (1979) do not report a significant relationship between attitudes toward the aged and sex, at the .05 level, this relationship was approaching significance (.07). These data indicated that females were more positive in their attitudes than males. Troll and Schlossberg (1970) suggest females have less negative views than males. Others report no association with sex (Britton and Britton, 1970; Kogan, 1961b; Rosencranz and McNevin, 1969; Trosler, 1971).

Age

Research findings related to age and attitudes toward older adults are quite contradictory. The tendency for older persons to have more negative views of aging and the elderly has been evidenced in numerous studies (Kogan and Wallach, 1961; Tuckman et al., 1953; Tuckman and Lorge, 1954a, 1958a; Gillis, 1972; Thorson, Whatley, and Hancock, 1974; Thorson, 1975b). In contrast, other studies have shown

that fewer stereotypes and negative views about the elderly are held by older persons (Knapp and Moss, 1963; Kogan and Wallach, 1961; Neugarten and Gutmann, 1958; Newfield, 1971; Wolk and Wolk, 1971; Brown, 1967; Campbell, 1971). No relationship with age of respondent was reported by Hickey and Kalish (1968), Logan (1961), Troll and Schlossberg (1970), and Thorson (1975a).

Race

Race is another variable which has shown contradictory data regarding its relationship with attitudes toward the aged. Newfield (1971) and McTavish (1971) report significant differences while Thorson (1975a) found no significance relating to race. Trent, Glass, and Crockett (1979) report significantly more positive attitudes toward older persons among white respondents than among non-whites.

Religious Preference

Because one's religious training and beliefs may influence his or her attitudes, it was felt that religious preference might be a variable related to one's attitudes toward aging and the elderly.

In studying middle-aged attitudes toward older adults, Glass and Knott (1981) did not find a significant relationship between attitudes and religious preference. This variable was included in this study in order to further investigate the possibility of a relationship.

Place in Family

It has been previously hypothesized (Trent, Glass, and Crockett, 1977) that first-borns would be more likely to have positive attitudes

toward life in general and toward the elderly in particular due to the special treatment accorded first-borns in American society. It should be noted that there are other factors which interact with birth order and can influence its significance. In his study with freshmen and sophomore college students, McClure (1971, p. 74) stated:

> First, there may be attitudinal and behavior choice consequences of being first born which influence school achievement. Second, these attitudes are not related in any simple way to birth order. There are interactions with sex, income and size of family in this study before birth order effects become significant.

Little research has been done to investigate the relationship of this variable and attitudes toward older adults. Birth order was not found to be significant at the .05 level (Trent, Glass, and Crockett, 1977) or at the .10 level (Glass and Knott, 1981). This variable was included in this study for further investigation.

Grade in School

Another factor which has been identified as having some influence on a person's attitude toward the aged is level of education. While Gillis (1973, p. 517) reports that an earlier 1972 study did not confirm this relationship, her 1973 study did confirm that there was a relationship between the level of education and attitudes toward the aged (p. 519):

> . . . with one exception, there appeared to be a distinctive pattern in that the higher the level of education achieved by the nursing personnel, the more positive they became in attitudes toward the aged, thus disrupting the noted pattern.

While the Trent, Glass, and Crockett (1977) study showed no significant relationship between attitudes and education, studies by Campbell (1971), Brown (1967), Thorson (1975a, b), and Thorson et al.

(1974) did indicate a positive relationship between level of education and attitudes toward the aged. More positive attitudes toward older persons appear to be held by persons who have a greater number of years of education.

While the range of education for this study was limited (10th, 11th and 12th grades), this variable was included as it might give some insight into the most appropriate grade for the consideration of aging.

School

As was discussed under independent variables related to death anxiety, school location was included to look at the consensus or variability of attitudes of adolescents across North Carolina. The schools selected for this study reflected the diversity of secondary schools in North Carolina.

Previous Experience with Death

This variable was measured by the questionnaire items of "first involvement with death," "last involvement with death," "funeral attendance," and "discussion of death in the home." If these variables were related to death anxiety, as theorized, and if death anxiety was related to attitudes toward older adults, then it was felt that these variables regarding death might be related to attitudes toward older adults.

Death Anxiety

When attitudes toward older adults were considered the dependent variable in this research, death anxiety became an independent variable.

Numerous references can be found in the literature which relate these two concepts, yet little empirical research has been done to investigate this relationship. A more detailed discussion of this variable can be found under "Attitudes Toward Older Adults" in the section on independent variables related to death anxiety and shall not be repeated here.

Objectives

Based on the research questions, the review of literature and the conceptual framework, the following specific objectives were established for this project:

1. To determine the death anxiety and attitudes toward older persons of high school students.
2. To determine if the selected personal and situational characteristics are related to adolescents' death anxiety and attitudes toward older persons.
3. To determine if there is a relationship between death anxiety and attitudes toward older adults.
4. To determine if adolescents' death anxiety and attitudes toward older persons can be changed in a positive direction through participation in a series of ten 50-minute lessons on death anxiety.
5. To determine to what extent selected personal and situational characteristics are related to changes in adolescents' death anxiety and attitudes toward older persons.
6. To determine whether changed attitudes persist after a four-month time lapse.

METHODOLOGY

The Research Design

This study utilized the pretest → treatment → posttest → follow-up posttest experimental design (see Figure 1). It involved assessing death anxiety and attitudes toward older adults of adolescents. It also evaluated the relationship of these variables to personal and situational variables such as sex, age, race, religious preference, place in family, grade in school, school location, and previous experience with death as measured by first personal involvement with death, last personal involvement with death, funeral attendance, and how and when death is discussed in the home. The major question investigated was: Can an educational intervention module on death and dying be effective in significantly changing adolescents' death anxiety and attitudes toward older adults in a positive direction?

Population and Sample

The population of this study consisted of adolescents in North Carolina. In securing the sample, efforts were made to insure geographic representation. The State was divided into three regions (East, Central and West) and three school systems were randomly selected from within each region. If there was more than one high school in the selected school system, one school was randomly chosen to participate in the study.

A letter was sent to the superintendent of each school system describing the project and requesting his or her permission in contacting the principals of the selected schools. After receiving his

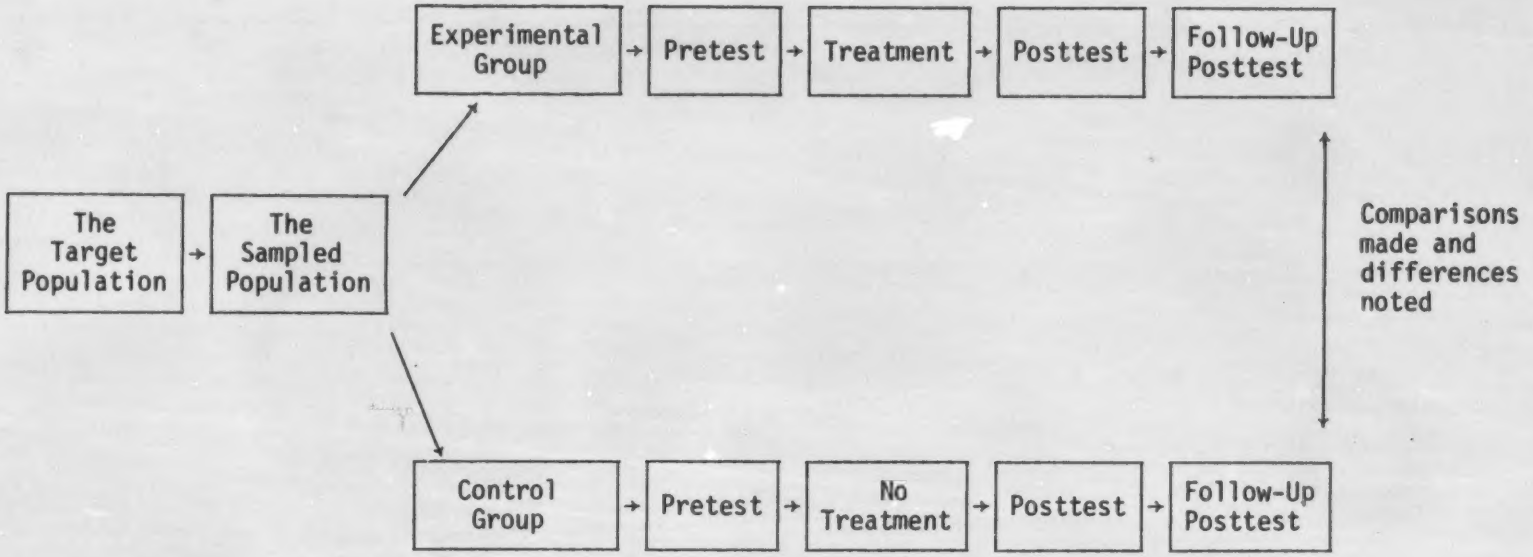

Figure 1. Model for evaluating the influence of a lesson series on death and dying on adolescents' death anxiety and attitudes toward older adults.

or her approval, a letter was sent to the principal describing the project. In a follow-up phone call, an appointment was made with the principal and the appropriate teacher to explain the project further and gain their support.

Of the original nine schools selected, five agreed to participate. Five alternate schools were randomly selected of which three were able to work with the project. Due to personnel changes involving one of the alternate schools, there was a delay in deciding not to participate. Time constraints prevented the researchers from replacing that site. Thus, the total number of schools that participated was eight with only two schools in the East region (see Figure 2). Numerous constraints were cited by the nonparticipating schools including small class size, lack of teacher resources, no appropriate classes for the integration of a unit on death and dying, and involvement with other special projects at that time.

One school requested that letters be sent to the parents of the students in the experimental group notifying them of the proposed unit on death and dying. Both the principal and the teacher felt that parent awareness of the lesson series was important due to the potentially sensitive topic of death. Letters were furnished the teacher explaining the unit which were then sent home with the students. No parents objected to their child's participation in the study.

Two classes which met at the same time were selected in each school. One class constituted the experimental group and the other the control group. The selection of the experimental class was based on the appropriateness of the introduction of a lesson series on death

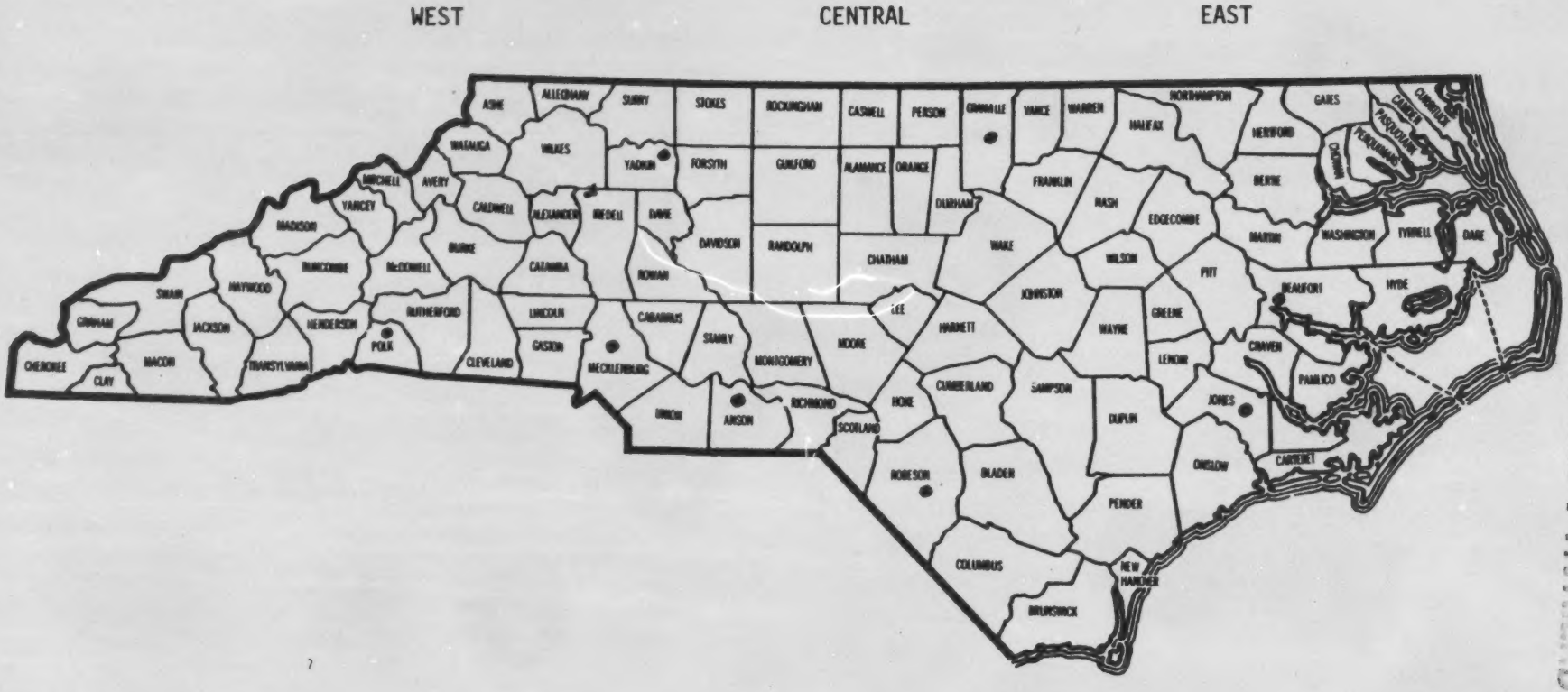

Figure 2. Location of schools selected for participation in study

BEST COPY AVAILABLE

and dying within the subject matter of the class. The lesson series was taught in social studies, psychology, and family living classes. The selection of the experimental classes was also dependent on the teachers' willingness to present the lesson series. The classes selected for the control group were those in which death and dying would not be discussed as a part of the subject content.

At several schools, the teachers had multiple sections of the classes selected for the experimental group. Upon the teachers' request, all sections were included in the experimental group. The control group was selected from classes which met at the same time as the first section. Efforts were made to prevent cross-contamination by the inclusion of a student in both groups.

The experimental group participated in the lesson series and completed the pretest and posttest attitude scales. The control group received no training, but responded to the pretest and posttest attitude scales. Four months after the learning experience, both groups completed the attitude scales as a follow-up measure.

The experimental group consisted of 367 students who participated in the learning experience and the control group numbered 191 for a total of 558 students.

Development of Educational Intervention Module (Lesson Series)

There is in the literature support for an emotionally supportive environment in courses designed to change attitudes toward death (Barton, 1975; Bloom, 1975; Kopel, O'Connell, Paris, and Giradin, 1975; Simpson, 1975). Durlack (1978) compared two approaches

(experimental versus didactive) in conducting a death education workshop. The participants in the experimental group confronted, examined, and shared their own feelings and reactions to grief and death. The data from this group showed a significant reduction in fear of death, whereas both the didactic and control groups changed negatively over time.

The lesson series was adapted from the six two-hour workshop materials designed for use in the study entitled "The Influence of a Workshop on Death and Dying on Death Anxiety, Life Satisfaction, and Locus of Control Among Middle-Aged and Older Adults in North Carolina" (Trent, Glass, and McGee, 1981). In this adaptation, the researchers were cognizant of the need for a personal and experiential approach to death within an emotionally supportive atmosphere as has been outlined in the literature cited. The students were given the opportunity through a variety of experiences to gain new knowledge about various aspects of death, examine their own feelings and attitudes toward death, and interact with others to share these feelings and attitudes. Direct experience with the attitude object was simulated through the use of audio-visuals. The Leader's Guide can be found in Appendix A.

Instrumentation and Data Collection

The instrumentation utilized for this study consisted of:

1. A general information questionnaire.
2. Kogan's "Old Persons" (OP) Scale.
3. Templer-McMordie Death Anxiety (TM) Scale.

The general information questionnaire was developed by the researchers to elicit personal and situational data from the

participants in the study (Appendix B). The items on the questionnaire included sex, age, race, religious preference, grade in school, place in family, and four questions dealing with previous experience with death.

The Kogan OP Scale (1961) (Appendix C) consists of 34 Likert-type statements about older persons (17 positively stated and 17 negatively stated). A scale of 1 to 6, representing responses varying from "Strongly Disagree" to "Strongly Agree," is provided for each statement. Silverman (1966) has reported that the Kogan OP Scale has predictive validity and low response-set bias. McTavish (1971) investigated the separate positive and negative scales with reliability coefficients of .66 to .88 reported--higher for the negative scale.

The Templer-McMordie Death Anxiety Scale (TM) (McMordie, 1979) (Appendix D) is an adaptation of the Templer Death Anxiety Scale (DAS). Templer investigated the validity of the DAS through two procedures (1971, p. 141):

1. Presumable high death anxiety psychiatric patients were found to have significantly higher DAS scores than control patients.

2. DAS scores correlated significantly with Boyar's FODS scale, another death anxiety questionnaire, and with a sequential word association task.

Templer's DAS consists of 15 items designed to elicit both positive and negative responses toward death within a true-false format. McMordie (1979) attempted to improve the psychometric characteristics of the scale by converting it to a Likert format (TM Scale) and by changing the item stems in the Likert version (TM Scale II). Under

the Likert format, there is a seven-point scale with "Very Strongly Disagree" to "Very Strongly Agree" response categories and with "Neutral" as the midvalue category. A separate "Undecided" response category is listed below each item. On the TM Scale II, McMordie changed the wording of the item stems to a greater intensity level to make the scale a more sensitive measure. McMordie found that (1979, p. 980):

> The internal consistency of the Templer Scale was significantly improved in a Likert format and the Likert version was more sensitive in discriminating between high and low scores and capable of making a greater number of discriminations between individuals.

McMordie also found that the changed wording on the TM Scale II did not bring about a significant degree of improvement.

The general information questionnaire was utilized as a pretest only, while the OP Scale and the TM Scale were utilized as pretest, posttest and follow-up posttest. The teachers administered the pretest early in the first class meeting. The posttest was administered by the teachers at the conclusion of the final session. The pretests and posttests were collected by the researchers during a visit back to each school at the conclusion of the lesson series. This visit also allowed for collection of audio-visuals and informal feedback from the teachers regarding the lesson series.

The follow-up posttests were delivered by the researchers to the schools four months after completion of the lesson series. The follow-up posttests were administered by the teachers and then collected by the researchers approximately two weeks later.

Analysis of Data

The research instruments used were designed to allow a quantitative measure of response regarding the adolescents' levels of death anxiety, attitudes toward older adults, and the other independent variables considered.

The instruments of those respondents who did not fully complete the pretest and posttest of both of the attitude scales were discarded. Some respondents were lost due to changes in class enrollments and absenteeism. These deletions resulted in a total of 475 usable instruments out of a possible 558 for those respondents who completed both the pretest and the posttest. Of the total usable instruments, 323 were in the experimental group and 152 in the control group. There were 350 usable instruments for those responding to all three administrations of the Kogan OP Scale and the Templer-McMordie Scale--234 in the experimental group and 116 in the control group.

The processing of the data and statistical procedures were carried out at the Triangle Universities Computation Center using the Statistical Analysis System (SAS). Procedures used were determined through consultation with Faye Childers, Computer Programmer, North Carolina State University.

Data analysis contained seven stages:

1. Assessment of the levels of death anxiety and attitudes toward older adults of a sample of adolescents in North Carolina.

2. Determination of the relationship between levels of death anxiety and personal and situational characteristics of the respondents.

3. Determination of the relationship between attitudes toward older adults and personal and situational characteristics of the respondents.

4. Assessment of change in levels of death anxiety and attitudes toward older adults immediately following and four months after participation in a lesson series on aging.

5. Determination of the relationship between change in death anxiety and personal and situational characteristics of the respondents.

6. Determination of the relationship between change in attitudes toward older adults and personal and situational characteristics of the respondents.

7. Determination of the relationship between death anxiety and attitudes of older adults.

The major statistical techniques employed were Pearson's product-moment correlation coefficient and least squares means analysis. A least squares (LS) means analysis was used to perform the analysis of variance to establish F values for the significance of the relationship between the various dependent variables and the independent variables (Searle, 1971). This analysis was appropriate because the research involved a survey-type experiment. In survey-type experiments, it is not possible to control or balance out all treatment factors or variables; therefore, LS means analysis is used to adjust for the unbalanced effect of the data. Least squares means are the estimated treatment effects after adjusting for the effects of the other variables involved.

The .10 level of significance was used throughout the study.

RESULTS

The major findings of the study are presented in this chapter. A profile of the participants is presented in the first section, with the remainder of the chapter devoted to hypothesis testing.

Profile of Participants

A total of 475 persons completed instruments which were used in the analysis of this research. The personal and situational variables selected for use in the study were: sex, age, race, grade in school, religious preference, place in family, first personal involvement with death, last personal involvement with death, most recent attendance at funeral, discussion of death and dying at home, and school. Table 1 shows the frequency distribution of the respondents by characteristic, number, and percent.

An additional characteristic, pretest "attitude toward older persons," was used as an independent variable in the analysis of death anxiety. The research was also concerned with certain questions related to adolescents' attitudes toward older persons. In those instances, "attitudes toward older persons" was a dependent variable and the pretest death anxiety was an independent variable.

Females (62.9 percent) dominated the sample, and almost three-fourths (72.8 percent) were white. Of the 129 nonwhite individuals, nine were American Indians and 120 were black.

In terms of religious preference, most of the youth (53.7 percent) were Baptists, with United Methodists coming in a distant second.

Table 1. Frequency distribution of respondents by personal and situational characteristics (N = 475)

Characteristic	N	%	Characteristic	N	%
Sex			First Involvement with Death		
Female	299	62.9	Grandparent or great-grandparent	257	54.1
Male	176	37.1	Parent	24	5.0
Total	475	100.0	Brother or sister	17	3.6
			Other family member	72	15.2
Age			Friend or acquaintance	47	9.9
15 and below	133	28.0	Pet	43	9.0
16	104	21.9	No involvement	9	1.9
17	193	40.6	Other	6	1.3
18 and above	45	9.5	Total	475	100.0
Total	475	100.0			
			Last Involvement with Death		
Grade			Within 6 months	119	25.1
9th & 10th grades	153	32.2	6-12 months	106	22.3
11th grade	107	22.5	1-5 years	218	45.9
12th grade	215	45.3	More than 5 years	28	5.9
Total	475	100.0	Never	4	0.8
			Total	475	100.0
Religion					
Baptist	255	53.7	Attended Funeral		
Methodist	69	14.5	Within 6 months	115	24.2
Presbyterian	44	9.3	5-12 months	158	33.3
Catholic	25	5.3	More than 1 year	151	31.8
Jewish	9	1.9	Never	51	10.7
Other	52	10.9	Total	475	100.0
None	21	4.4			
Total	475	100.0	Region		
			Central	179	37.7
Race			Eastern	60	12.6
Nonwhite	129	27.2	Western	236	49.7
White	346	72.8	Total	475	100.0
Total	475	100.0			
Place in Family					
Only child	33	7.0			
Oldest child	134	28.2			
Youngest child	164	34.5			
Between youngest and oldest child	144	30.3			
Total	475	100.0			

continued

Table 1 (continued)

Characteristic	N	%	Characteristic	N	%
Discussion of Death in Home			Group		
Openly	237	49.9	Control	152	32.0
With discomfort	80	16.8	Experimental	323	68.0
When necessary and excluded children	39	8.2	Total	475	100.0
As taboo subject	8	1.7			
Never talked about	58	12.2			
Other	53	11.2			
Total	475	100.0			
School					
1	63	13.3			
2	136	28.6			
3	42	8.8			
4	35	7.4			
5	81	17.1			
6	58	12.2			
7	18	3.8			
8	42	8.8			
Total	475	100.0			

The death of a grandparent or great-grandparent was the first personal involvement with death for the majority (54.1 percent) of the adolescents. Forty-seven percent of the students had been personally involved with death within the past year. Over half (57.5 percent) had attended a funeral within the past 12 months; 10.7 percent had never attended a funeral. Half (49.9 percent) stated that death and dying were discussed openly in their homes; however, 16.8 percent said that this subject was discussed with discomfort and 12.2 percent said it was never discussed.

Level of Death Anxiety

The first objective of the study was to assess the level of death anxiety in all persons participating in the research project, both experimental and control groups. The review of literature had suggested that the adolescents would have high death anxiety. The researchers utilized the Templer-McMordie Death Anxiety (TM) Scale as a measure of death anxiety. The TM Scale registers responses to 15 items about death ranging from "Very Strongly Disagree" to "Very Strongly Agree" on a range of from 1 to 7 (see Appendix D). The higher the score, the higher the death anxiety. A mean score was calculated on a scale of 1 to 7 and not on a summed total of the 15 items.

The subjects' mean scores ranged from a low of 1.73 to a high of 6.67. The overall mean score for the total sample was 4.51 (see Figure 3). If a score of 4.00 can be considered as a mid-range, then the sample as a whole might be characterized as being somewhat high in death anxiety.

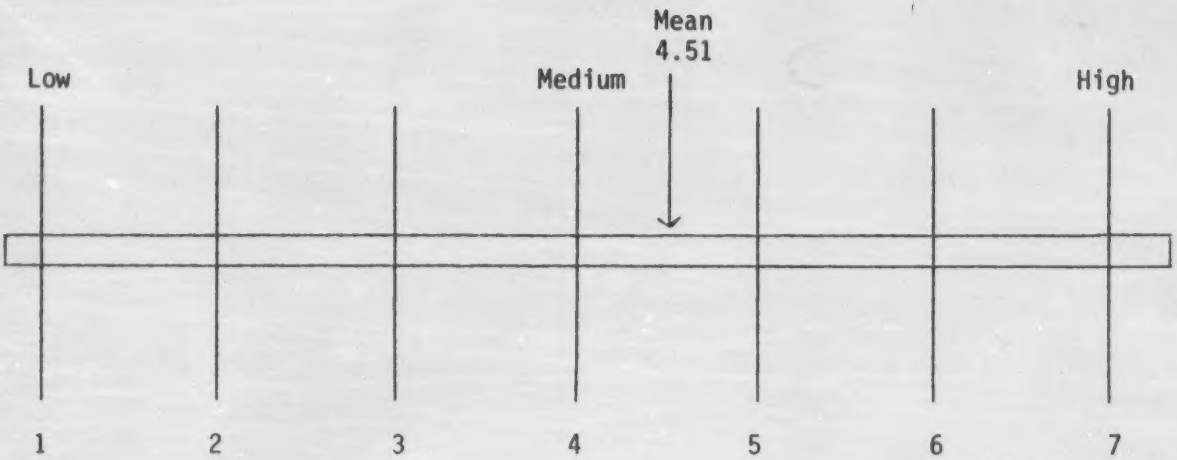

Figure 3. Death anxiety, pretest, mean score on Templer-McMordie Death Anxiety Scale (N=475)

Looking at the data another way, it was found that 115 students, or 24.2 percent, had low death anxiety. This means that three-fourths of the youth had what might be termed high death anxiety as measured by the TM Scale.

Relationships between Respondent Characteristics and Death Anxiety

The second objective of the study was to determine whether death anxiety was related to various personal and situational characteristics of the adolescents. The literature review had revealed a number of such variables which might have an influence upon death anxiety. Least squares (LS) analysis (Table 2) was used to determine if any significant relationships existed between death anxiety and the personal and situational characteristics. The results are discussed in the sections that follow.

Treatment Group

It was expected that there would be no significant relationship between death anxiety and the treatment group. A "no significant relationship" would indicate that the experimental and control groups were very similar in their initial death anxiety. Table 2 shows a probability level of 0.6504, so it appears that there was no difference between the experimental and control groups at the beginning of the study.

Sex

The relationship between sex and death anxiety was highly significant (.0001). Females had a higher LS mean than males (Table 3).

Table 2. Relationships between death anxiety, pretest, and personal and situational characteristics of respondents (N=475)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	26.162	39.53*	0.0001
Age	3	1.038	0.52	0.6709
Religion	6	4.735	1.19	0.3091
Grade	2	0.275	0.21	0.8128
Place in family	3	2.580	1.30	0.2733
Race	1	1.091	1.65	0.1999
First involvement	7	2.643	0.57	0.7819
Last involvement	4	7.017	2.65*	0.0328
Attended funeral	3	0.763	0.38	0.7677
Discussion of death	5	4.807	1.45	0.2031
OP attitudes	1	1.524	2.30	0.1299
School	7	9.391	2.03*	0.0501
Group	1	0.136	0.21	0.6504

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.178$.

Table 3. Death anxiety by personal and situational characteristics (N=475)

Characteristic	Pre LS Mean	Post LS Mean	Difference LS Mean
Sex			
Female	5.04	4.78	-0.26
Male	4.51	4.30	-0.21
Age			
15 and below	4.85	4.57	-0.28
16	4.90	4.64	-0.26
17	4.74	4.56	-0.28
18 and above	4.61	4.49	-0.12
Religion			
Baptist	4.56	4.28	-0.28
Methodist	4.70	4.53	-0.17
Presbyterian	4.70	4.56	-0.14
Catholic	4.73	4.48	-0.25
Jewish	5.07	4.73	-0.34
Other	4.81	4.45	-0.36
None	4.85	4.74	-0.11
Grade			
9th and 10th grades	4.72	4.47	-0.25
11th grade	4.74	4.57	-0.17
12th grade	4.86	4.57	-0.29
Place in Family			
Only child	4.92	4.54	-0.38
Oldest child	4.81	4.61	-0.20
Youngest child	4.67	4.44	-0.23
Between youngest and eldest child	4.70	4.57	-0.13
Race			
Nonwhite	4.84	4.65	-0.29
White	4.71	4.43	-0.28
First Involvement with Death			
Grandparent or great-grandparent	4.84	4.63	-0.21
Parent	4.80	4.77	-0.03
Brother or sister	4.85	4.58	-0.27
Other family member	4.72	4.44	-0.28
Friend or acquaintance	4.93	4.72	-0.21
Pet	4.78	4.49	-0.29
No involvement	4.31	4.20	-0.11
Other	4.97	4.47	-0.50

continued

Table 3 (continued)

Characteristic	Pre LS Mean	Post LS Mean	Difference LS Mean
Last Involvement with Death			
Within 6 months	4.66	4.51	-0.15
6-12 months	4.44	4.32	-0.12
1-5 years	4.74	4.51	-0.23
More than 5 years	4.98	4.58	-0.40
Never	5.05	4.76	-0.29
Attended Funeral			
Within 6 months	4.77	4.55	-0.22
6-12 months	4.85	4.50	-0.35
More than 1 year	4.74	4.55	-0.19
Never	4.74	4.55	-0.19
Discussion of Death in Home			
Openly	4.76	4.56	-0.20
With discomfort	4.79	4.57	-0.22
When necessary and excluded children	4.80	4.46	-0.34
As taboo subject	5.18	4.82	-0.36
Never talked about	4.54	4.44	-0.10
Other	4.59	4.38	-0.21
School			
1	4.77	4.56	-0.21
2	4.49	4.29	-0.20
3	4.87	4.56	-0.31
4	4.89	4.75	-0.14
5	4.60	4.41	-0.19
6	4.90	4.74	-0.16
7	4.90	4.48	-0.42
8	4.79	4.51	-0.27
Group			
Control	4.75	4.53	-0.22
Experimental	4.79	4.55	-0.24

Age

While the younger adolescents had higher death anxiety (Table 3), the relationship between age and death anxiety was not significant (Table 2).

Religion

Religious preference was not significantly related to death anxiety. The Baptist adolescents (N=255) had the lowest death anxiety, while the nine Jewish youths had the highest (Table 3).

Grade in School

While the 9th and 10th graders had the lower death anxiety scores, and the scores seemed to increase as the grade in school increased (Table 3), the relationship between grade and death anxiety was not significant (Table 2).

Place in Family

No significant relationship appeared to exist between one's place in the family and death anxiety (Table 2). Persons who were the only child in the family and those who were the oldest had the highest death anxiety.

Race

Race was not significantly related to death anxiety at the .10 level. Table 3 indicates that nonwhites had the higher death anxiety LS mean (4.84) when compared to the white (4.71).

First Personal Involvement with Death

The adolescents' first involvement with death did not appear to be related to death anxiety (Table 2). Those whose first encounter with death was classified as "other" and "friend or acquaintance" had the highest death anxiety score, while those who had "no involvement" had the lowest (Table 3).

Last Personal Involvement with Death

When the adolescents last encountered death did appear to be related to death anxiety (Table 2). The relationship was significant at the .0328 level. Those who had never been involved with death (Table 3) had the highest LS mean. With the exception of the "6-12 month" category, the further removed the youths were from being involved with death, the higher their death anxiety.

Most Recent Attendance at Funeral

How long it had been since the students had attended a funeral was not significantly related to death anxiety. Those who had last attended a funeral 6-12 months ago (Table 3) had the highest LS mean (4.85).

Discussion of Death and Dying at Home

The manner in which the subject of death and dying was discussed at home was not significant at the .10 level (Table 2). Those families which never discussed death at home had the lowest death anxiety and those who considered death a taboo subject had the highest anxiety (Table 3).

Attitudes Toward Older Persons

It should be noted at this point that one of the major concerns of this study was to determine if there was a relationship between death anxiety and attitudes toward older persons (research question 2, p. 2). To answer this question, the students' scores on the Kogan OP Scale were placed in the LS model as one of the independent variables. The adolescents' attitudes toward older persons were not significantly related (.10 level) to pretest death anxiety, though the relationship did approach significance (.1299). The correlation matrix (Appendix E, Table 1) indicated a negative correlation--the more positive the attitudes toward older persons, the lower the death anxiety.

School

The particular school the students attended was significantly related (.0501) to death anxiety (Table 2). Table 3 indicates that the LS mean for School 2 was 4.49, while Schools 6 and 7 had LS means of 4.90.

Summary of Relationships

Death anxiety of the adolescents in this study was related to three variables: sex, last personal involvement with death, and the school they attended. The adolescents' "attitudes toward older persons" is a variable which seems to warrant consideration in future studies dealing with death anxiety. The R^2 noted in Table 2 indicates that only 17.8 percent of the variance in death anxiety among the respondents in this study can be accounted for by the variables selected for examination in the previous sections.

Unit on Death and Dying and Changes in Death Anxiety

The fourth objective and primary focus of this study was to determine if adolescents' death anxiety could be reduced through a two-week study unit concerned with the subject of death and dying.

In order to determine the change in death anxiety resulting from participation in the learning experiences, it was necessary to determine the death anxiety of the experimental and control groups prior to beginning the unit of study. The control group had a pretest LS mean of 4.75 and the experimental group had a LS mean of 4.79 (Table 3). However, as reported earlier, Table 2 indicates that there was no significant difference between the two groups on the Templer-McMordie Death Anxiety Scale. Based on this analysis, one can say that there was no difference in death anxiety between the two groups prior to participation in the study unit.

Figure 4 indicates the LS mean death anxiety scores of the respondents at the conclusion of the treatment. Of course, those in the control group were not involved in any of the educational experiences. They completed the posttest at approximately the same time as those in the treatment groups.

There was a decrease in the LS mean attitude death anxiety score of the experimental group (-0.24) and control group (-0.22). The LS analysis (Table 4) indicates that there was not a significant difference in death anxiety for the experimental group as compared to the control group. On the basis of this analysis, it appears that the change in death anxiety which occurred among those who participated in the study unit was no greater than that which occurred among those

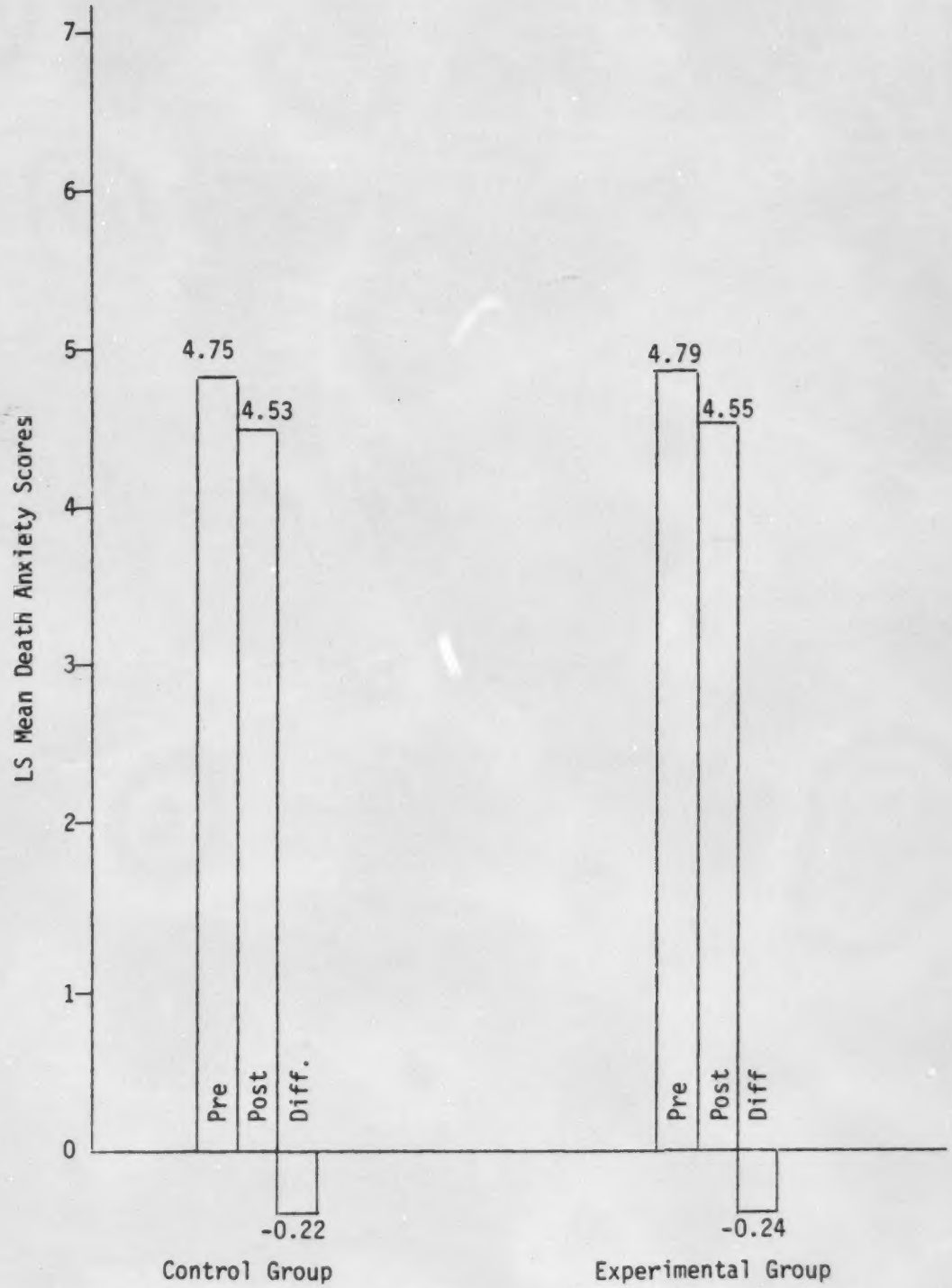

Figure 4. LS mean scores, death anxiety by group (N=475)

adolescents who were a member of the control group. Thus, the change in death anxiety which did occur within the experimental group cannot be attributed to the study unit on death and dying.

It is appropriate, at this point, to refer again to research question 3 dealing with the relationship between death anxiety and attitudes toward older persons. In Table 4, it should be noted that pretest attitudes toward older persons are significantly related (0.0171) to the posttest death anxiety scores. Appendix E, Table 1, indicates a negative correlation between these two variables. This would imply that the more positive the attitudes toward older adults, the lower the death anxiety scores. This finding would lend some support to the notion of a relationship between death anxiety and attitudes toward older persons. This was contrary to what was found in the pretest analysis of death anxiety.

Relationships between Respondent Characteristics and Changes in Death Anxiety

The fifth objective of the study was to determine whether the change in death anxiety of the adolescents was related to certain personal and situational characteristics. Table 5 reports the results of the LS analysis.

None of the variables chosen for study in this project were significantly related to the amount of change in death anxiety (Table 5). This analysis reinforces what was reported earlier: namely, that participation in the unit on death anxiety had no more effect on the adolescents' change in death anxiety than if they had not participated in the study unit.

Table 4. Relationships between death anxiety, posttest, and personal and situational characteristics of respondents (N=475)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	20.593	32.25*	0.0001
Age	3	0.683	0.36	0.7872
Religion	6	6.936	1.81*	0.0955
Grade	2	0.140	0.11	0.8960
Place in family	3	2.118	1.11	0.3468
Race	1	3.232	5.06*	0.0250
First involvement	7	4.270	0.96	0.4642
Last involvement	4	2.461	0.96	0.4271
Attended funeral	3	0.191	0.10	0.9552
Discussion of death	5	2.524	0.79	0.5588
OP attitudes	1	3.657	5.73*	0.0171
School	7	9.077	2.03*	0.0497
Group	1	0.051	0.08	0.7778

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.176$.

Table 5. Relationships between changes in death anxiety, difference in pretest and posttest, and personal and situational characteristics of respondents (N=475)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.333	1.09	0.2971
Age	3	0.866	0.94	0.4204
Religion	6	2.103	1.15	0.3339
Grade	2	0.291	0.48	0.6216
Place in family	3	1.790	1.95	0.1185
Race	1	0.568	1.86	0.1735
First involvement	7	1.707	0.80	0.5906
Last involvement	4	1.723	1.41	0.2298
Attended funeral	3	1.703	1.86	0.1341
Discussion of death	5	1.345	0.88	0.4956
OP attitudes	1	0.459	1.50	0.2208
School	7	1.534	0.72	0.6589
Group	1	0.021	0.07	0.7954

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.103$.

Two characteristics approached significance--the adolescents' place in their family (0.1185) and when the adolescents last attended a funeral (0.1341). Table 3 indicates that those adolescents who were the only child made the greatest change (-0.38) and those who were born between the youngest and oldest child had the least change (-0.13). Those respondents who had attended a funeral within the last year showed the greatest decline in death anxiety (Table 3). These variables bear watching in future studies.

As a point of interest, a further analysis of the data revealed that 296 respondents (62.3 percent) had lower death anxiety scores on the posttest than they did on the pretest; 209 were in the experimental group and 87 were in the control group. This meant that 64.7 percent of the experimental group and 57.2 percent of the control group declined in scores. Nine of the control group (5.9 percent) and 20 of the experimental group (6.2 percent) showed no change in scores; 56 of the control group (36.9 percent) and 94 of the experimental group (29.1 percent) had higher death anxiety scores at the time of the posttest. Again, the changes between the two groups do not appear to be too different.

Attitudes Toward Older Persons

Another aspect of the first objective was to determine the attitudes of the adolescents toward older persons. Much of the earlier research, as indicated in the "Conceptual Framework" chapter of this report, has indicated that youth view older persons negatively.

Prior to exposure to the "death and dying" unit of study, all persons, both treatment and control, were asked to respond to the

Kogan OP Scale. The Kogan OP Scale registers responses to 34 statements about older persons ranging from "Strongly Disagree" to "Strongly Agree" on a range of from 1 to 6 (see Appendix C). A mean score was calculated on a scale of 1 to 6 and not on a summed total of the 34 items.

The subjects' mean scores ranged from a low of 2.09 to a high of 5.24. The overall mean score for the total sample was 4.05 (see Figure 5). If a score of 3.5 can be considered as a neutral position, then the sample as a whole might be characterized as possessing a positive attitude toward older adults.

Looking at the data in a different fashion, it was found that 58 adolescents, or 12.2 percent, had a pretest mean score of 3.5 or lower. This means that 417, or 87.2 percent, of the youth had mean scores above 3.5, thus indicating that a majority of the adolescents possessed positive attitudes toward older persons as measured by the Kogan OP Scale.

Relationships between Respondent Characteristics and Attitudes Toward Older Persons

A part of the second objective was to determine whether the attitudes of the respondents were related to the personal and situational characteristics under study in this project. For this analysis, the pretest death anxiety was one of the independent variables.

The following variables did not appear to be significantly related to the adolescents' pretest attitudes toward the aged: sex, place in family, last personal involvement with death, most recent attendance at funeral, discussion of death and dying at home, death

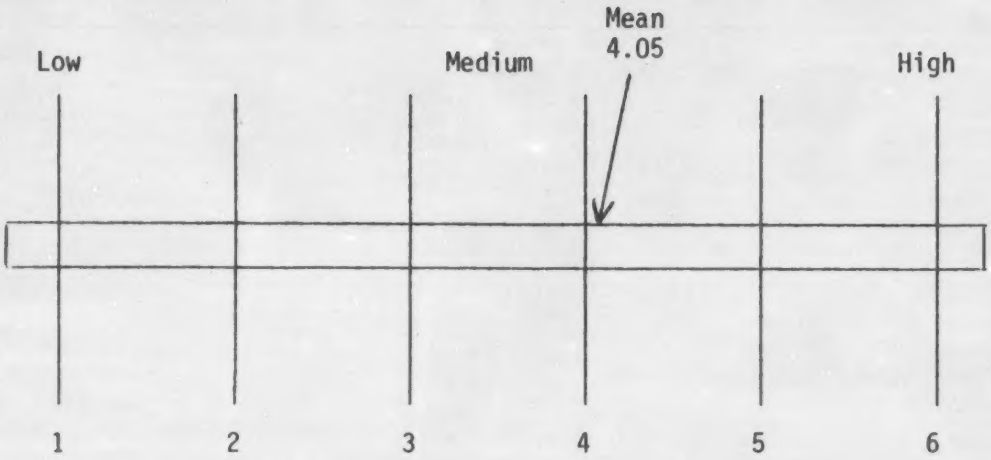

Figure 5. Attitude toward older persons, pretest, mean score on Kogan OP Scale

anxiety, school, and whether or not one was in the control or experimental group (Table 6). Death anxiety (0.1299) and the school one attended (0.1326) approached significance. It will be remembered from the earlier discussion about death anxiety that attitudes toward older persons showed a similar relationship to the adolescents' death anxiety scores.

Only those variables showing a significant relationship to attitudes toward older persons will be discussed in the sections that follow. It might be mentioned at this point that the R^2 noted in Table 6 indicates that only 18.8 percent of the variance in attitudes can be accounted for by the variables selected for examination in this study.

Age

Table 7 indicates that all of the age groups except the 16-year-olds were quite similar in their LS mean scores. Those who were 16 years of age had more positive attitude scores than the other groups.

Religion

Members of the Jewish faith had more positive attitudes toward older persons (4.35) than the other religious groups. Those indicating no religious preference (3.82) and members of the Catholic faith (3.98) had the lowest scores.

Grade in School

As Table 7 indicates, the 11th grades had the lowest attitude scores (3.94), while the seniors had the most positive scores (4.24).

Table 6. Relationships between attitudes toward the aged, pretest, and personal and situational characteristics of respondents (N=475)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.338	1.76	0.1849
Age	3	1.230	2.14*	0.0933
Religion	6	2.499	2.17*	0.0448
Grade	2	1.801	4.69*	0.0096
Place in family	3	0.136	0.24	0.8704
Race	1	1.553	8.09*	0.0047
First involvement	7	3.135	2.33*	0.0239
Last involvement	4	0.723	0.94	0.4393
Attended funeral	3	0.311	0.54	0.6594
Discussion of death	5	1.313	1.37	0.2338
Death anxiety	1	0.442	2.30	0.1299
School	7	2.149	1.60	0.1326
Group	1	0.027	0.14	0.7092

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.188$.

Table 7. Attitudes toward the aged by personal and situational characteristics (N=475)

Characteristic	Pre LS Mean	Post LS Mean	Difference LS Mean
Sex			
Female	4.11	4.08	-0.03
Male	4.05	4.01	-0.04
Age			
15 and below	4.03	4.13	0.10
16	4.23	4.18	-0.05
17	4.04	4.02	-0.02
18 and above	4.02	3.86	-0.16
Religion			
Baptist	4.06	4.01	-0.05
Methodist	4.05	4.02	-0.03
Presbyterian	4.14	4.14	0.00
Catholic	3.98	4.05	0.07
Jewish	4.35	4.20	-0.15
Other	4.16	4.12	-0.04
None	3.82	3.79	-0.03
Grade			
9th & 10th grades	4.06	3.95	-0.11
11th grade	3.94	3.98	0.04
12th grade	4.24	4.21	-0.03
Place in Family			
Only child	4.03	3.98	-0.05
Oldest child	4.09	4.11	0.02
Youngest child	4.09	4.06	-0.03
Between youngest and eldest child	4.10	4.04	-0.06
Race			
Nonwhite	4.00	3.97	-0.03
White	4.16	4.13	-0.03
First Involvement with Death			
Grandparent or great-grandparent	4.07	4.00	-0.07
Parent	4.29	4.25	-0.04
Brother or sister	3.95	3.97	0.02
Other family member	4.06	4.00	-0.06
Friend or acquaintance	4.12	4.16	0.04
Pet	4.01	4.03	0.02
No involvement	3.66	3.65	-0.01
Other	4.47	4.32	-0.15

continued

Table 7 (continued)

Characteristic	Pre LS Mean	Post LS Mean	Difference LS Mean
Last Involvement with Death			
Within 6 months	4.01	4.05	0.04
6-12 months	3.99	3.99	0.00
1-5 years	3.95	3.93	-0.02
More than 5 years	4.01	4.04	0.03
Never	4.44	4.22	-0.22
Attended Funeral			
Within 6 months	4.07	3.98	-0.09
6-12 months	4.07	4.02	-0.05
More than 1 year	4.04	4.00	-0.04
Never	4.14	4.19	0.05
Discussion of Death in Home			
Openly	4.13	4.08	-0.05
With discomfort	4.15	4.08	-0.07
When necessary and excluded children	4.01	3.99	-0.02
As taboo subject	4.17	4.18	0.01
Never talked about	4.02	3.96	-0.06
Other	4.01	3.99	-0.02
School			
1	4.16	4.10	-0.06
2	4.14	4.08	-0.06
3	3.95	3.98	0.03
4	4.14	4.06	-0.08
5	3.95	3.93	-0.02
6	4.12	4.13	0.01
7	4.15	4.05	-0.10
8	4.03	4.05	0.02
Group			
Control	4.09	4.04	-0.05
Experimental	4.07	4.06	-0.01

Race

The white students had the more positive attitudes (4.16) when compared with the nonwhites (4.00).

First Involvement with Death

It is difficult to interpret the findings in Table 7. Those who indicated "no involvement" with death had the least positive attitudes toward older persons (4.66), with those who had lost a brother or sister having the next lowest scores (3.95). Adolescents indicating the "other" category (4.47) and "parent" (4.29) as their first encounter with death had the more positive attitudes.

Unit on Death and Dying and Changes in Attitudes

It was theorized that if adolescents reduced their death anxiety through a study of death and dying, in turn, their attitudes toward older persons would show an increase. It was expected that those in the experimental group would show a greater increase in attitudes toward older persons than those in the control group.

Table 6 indicates that both the control and experimental groups' attitudes toward older persons were not significantly different at the time of the pretest. A look at Table 7 and Figure 6 shows that the LS attitude means of both groups were more negative by the time of the posttest. The control group declined by .05 and the experimental group by .01. Table 8 reveals that the two groups still were not significantly different in their attitudes toward older persons. Participating in the death and dying study certainly did not seem to result in a positive change in how the youth felt toward older persons.

Table 8. Relationships between attitudes toward the aged, posttest, and personal and situational characteristics of respondents (N=475)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.396	1.72	0.1910
Age	3	1.318	1.90	0.1264
Religion	6	2.302	1.66	0.1287
Grade	2	1.022	2.21	0.1106
Place in family	3	0.495	0.71	0.5473
Race	1	1.740	7.54*	0.0063
First involvement	7	3.100	1.92*	0.0646
Last involvement	4	0.983	1.06	0.3734
Attended funeral	3	1.203	1.74	0.1569
Discussion of death	5	1.177	1.02	0.4056
Death anxiety	1	3.200	13.86*	0.0002
School	7	1.163	0.72	0.6571
Group	1	0.037	0.16	0.6887

[a]For those sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.200$.

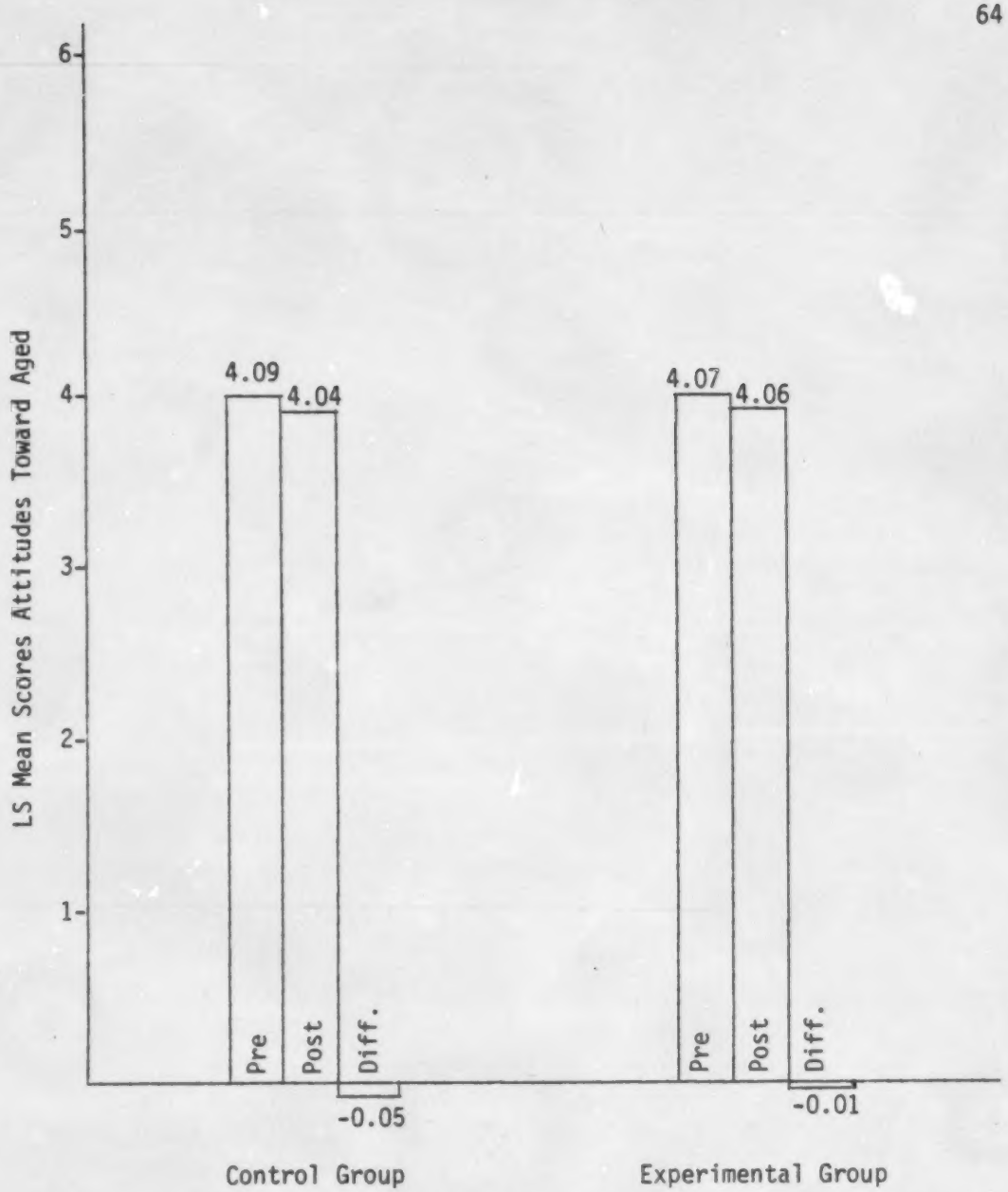

Figure 6. LS mean scores, attitudes toward older persons by group (N=475)

Relationships between Respondent Characteristics and Changes in Attitudes Toward the Aged

A facet of the fourth objective was to determine whether the change in attitudes of the adolescents toward the aged was related to certain personal and situational characteristics. Table 9 reports the results of the LS analysis.

The analysis seemed to indicate that two characteristics were significantly related to the amount of change in attitudes occurring between the pretest and posttest--the adolescents' age and their pretest death anxiety. "Grade" approached significance (0.1035).

It appears that one's age is related to the change which occurred in the attitude scores from the pretest to posttest. An examination of Table 7 indicates that the difference in the LS mean scores of those 15 and below increased (.10), while the other age groups showed a decline. Adolescents 18 years old and older had the greatest decline (-0.16).

The pretest death anxiety level was the second variable showing a significant relationship (0.0002) with the change in attitudes toward older persons (Table 9). This is interesting in the fact that the youths' pretest OP scores did not seem to be related to the change in the death anxiety scores (as reported earlier in Table 5); yet, the pretest death anxiety scores did appear to be related to the change in attitudes toward older persons. Appendix E, Table 1, reveals a negative correlation between the difference in OP scores and pretest death anxiety scores. This seems to indicate that the lower the adolescents' pretest death anxiety scores, the greater the change they experienced in attitudes toward older persons from the pretest to the posttest;

Table 9. Relationships between changes in attitudes toward older persons, difference in pretest and posttest, and personal and situational characteristics of respondents (N=475)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.002	0.03	0.8743
Age	3	0.912	3.39*	0.0180
Religion	6	0.506	0.94	0.4669
Grade	2	0.409	2.28	0.1035
Place in family	3	0.361	1.34	0.2598
Race	1	0.005	0.06	0.8075
First involvement	7	0.687	1.09	0.3665
Last involvement	4	0.264	0.74	0.5676
Attended funeral	3	0.424	1.57	0.1931
Discussion of death	5	0.129	0.29	0.9192
Death anxiety	1	1.263	17.07*	0.0002
School	7	0.631	1.00	0.4279
Group	1	0.127	1.41	0.2352

[a]For those sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.137$.

however, there was no way to tell from the analysis whether the pretest death anxiety scores were related to a positive or negative change in attitudes toward older persons.

Analysis of Follow-Up Posttests

Four months after the posttests were given, the researchers again administered the Kogan OP Scale and the Templer-McMordie Scale as follow-up posttests to both the experimental and control groups. There were 350 usable instruments from individuals who responded to all three administrations of the OP and TM Scales (116 instruments in the control group and 234 instruments in the experimental group). This was a loss of 125 persons (26.3 percent) from the 450 persons who completed the first two administrations of the scale. Some of the lossage occurred because of changes in enrollment in the classes utilized for control and experimental groups as well as some incomplete scales and absenteeism. This loss of respondents requires some caution in the interpretation of this portion of the report.

In addition to running an analysis of the follow-up posttest, the researchers ran similar analyses for the 350 persons as those just discussed in the preceding pages. It was felt that this was necessary in order to be better able to interpret the follow-up posttest results. An analysis of the pretest, posttest, and difference between pretest and posttest for both death anxiety and attitudes toward older adults of the 350 persons will be discussed before attempting to report the follow-up posttests.

Frequency Distribution

Table 10 shows the frequency distribution of the respondents who completed all three administrations of the Kogan OP Scale and the Templer-McMordie Scale by characteristics, number and percent.

Level of Death Anxiety

The mean pretest score on the TM death anxiety scale for the 350 persons (Figure 7) was identical to the mean score for the larger group of 475 (Figure 3). Both groups had a moderately high level of death anxiety as measured by a mean score of 4.51 (on a Likert scale of 1 to 7) prior to the beginning of any treatment.

Relationship between Characteristics and Levels of Death Anxiety

Table 11 reports the LS analysis used to determine if any significant relationships existed between the attitudes of the 350 adolescents and the personal and situational characteristics.

In the pretest analysis of the 475 group, three variables (sex, most recent involvement, and school) were significantly related to death anxiety. Sex and school were also related to the pretest levels of death anxiety of the 350 adolescents; however, race was related to this group's death anxiety. Most recent involvement with death was not related in this analysis.

Table 12 reports that females had significantly higher levels of death anxiety (5.12) than did males (4.57). These results show a difference from the group of 450 where females had an LS mean of 5.04 and the males an LS mean of 4.51.

Table 10. Frequency distribution of those who responded to three administrations of the Templer-McMordie Scale by personal and situational characteristics (N=350)

Characteristic	N	%	Characteristic	N	%
Sex			Race		
Female	225	64.3	Nonwhite	101	28.9
Male	125	35.7	White	249	71.1
Total	350	100.0	Total	350	100.0
Age			Place in Family		
15 and below	102	29.1	Only child	27	7.7
16	76	21.7	Oldest child	102	29.1
17	142	40.6	Youngest child	113	32.3
18 and above	30	8.6	Between youngest and oldest child	108	30.9
Total	350	100.0	Total	350	100.0
Grade					
9th & 10th grades	119	34.0	First Involvement with Death		
11th grade	74	21.1	Grandparent or great-grandparent	190	54.3
12th grade	157	44.9	Parent	16	4.6
Total	350	100.0	Brother or sister	12	3.4
			Other family member	56	16.0
Religion			Friend or acquaintance	31	8.9
Baptist	201	57.4	Pet	33	9.4
Methodist	52	14.9	No involvement	6	1.7
Presbyterian	26	7.4	Other	6	1.7
Catholic	15	4.3	Total	350	100.0
Jewish	4	1.2			
Other	40	11.4			
None	12	3.4			
Total	350	100.0	Discussion of Death in Home		
			Openly	174	49.7
			With discomfort	56	16.0
Last Involvement with Death			When necessary and excluding children	25	7.1
Within 6 months	86	24.6	As taboo subject	6	1.7
6-12 months	77	22.0	Never talked about	46	13.2
1-5 years	169	48.3	Other	43	12.3
More than 5 years	15	4.2	Total	350	100.0
Never	3	.9			
Total	350	100.0			

continued

Table 10 (continued)

Characteristics	N	%	Characteristics	N	%
Attended Funeral			School		
Within 6 months	87	24.9	1	56	16.0
6-12 months	119	34.0	2	73	20.9
More than 1 year	110	31.4	3	35	10.0
Never	34	9.7	4	26	7.4
Total	350	100.0	5	57	16.3
			6	49	14.0
			7	15	4.3
Region			8	39	11.1
Central	139	39.7	Total	350	100.0
Eastern	54	15.4			
Western	157	44.9			
Total	350	100.0			

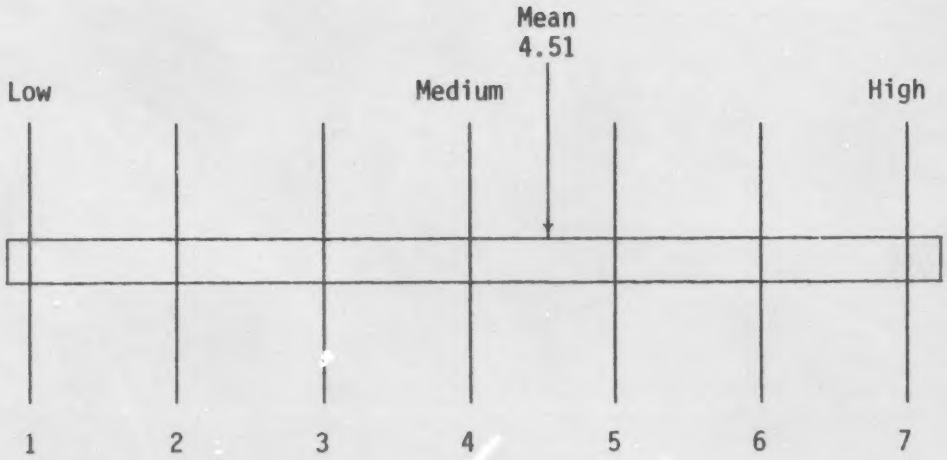

Figure 7. Death anxiety, pretest, mean score of those who responded to three administrations of the Templer-McMordie Scale (N=350)

Table 11. Relationships between death anxiety, pretest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	20.760	33.16*	0.0001
Age	3	1.010	0.59	0.6291
Religion	6	4.624	1.23	0.2901
Grade	2	0.392	0.31	0.7316
Place in family	3	2.618	1.39	0.2435
Race	1	1.857	2.97*	0.0861
First involvement	7	1.519	0.35	0.9315
Last involvement	4	3.664	1.46	0.2133
Attended funeral	3	0.259	0.14	0.9336
Discussion of death	5	2.215	0.71	0.6205
OP attitudes	1	0.737	1.18	0.2788
School	7	11.478	2.62*	0.0123
Group	1	0.041	0.07	0.7974

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. R^2 = .239.

Table 12. Death anxiety by personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic	Pre LS Mean	Post LS Mean	Diff LS Mean	F Post LS Mean	F Diff LS Mean
Sex					
Female	5.12	4.84	-0.28	4.61	-0.23
Male	4.57	4.39	-0.18	4.34	-0.05
Age					
15 and below	5.01	4.65	-0.36	4.57	-0.08
16	4.91	4.58	-0.33	4.45	-0.13
17	4.84	4.51	-0.33	4.43	-0.06
18 and above	4.62	4.71	0.09	4.44	-0.27
Religion					
Baptist	4.64	4.36	-0.28	4.31	-0.05
Methodist	4.68	4.54	-0.14	4.41	-0.13
Presbyterian	4.68	4.54	-0.14	4.32	-0.22
Catholic	4.79	4.55	-0.24	4.47	-0.08
Jewish	5.09	4.73	-0.36	4.54	-0.19
Other	4.86	4.52	-0.34	4.35	-0.17
None	5.20	5.06	-0.14	4.91	-0.15
Grade					
9th & 10th grades	4.72	4.53	-0.19	4.42	-0.11
11th grade	4.85	4.64	-0.21	4.57	-0.07
12th grade	4.97	4.67	-0.30	4.43	-0.24
Place in Family					
Only child	5.00	4.65	-0.35	4.58	-0.07
Oldest child	4.89	4.70	-0.19	4.52	-0.18
Youngest child	4.72	4.52	-0.20	4.41	-0.11
Between youngest and oldest child	4.76	4.57	-0.19	4.38	-0.19
Race					
Nonwhite	4.94	4.75	-0.19	4.56	-0.19
White	4.74	4.47	-0.27	4.39	-0.08
First Involvement with Death					
Grandparent or great-grandparent	4.86	4.63	-0.23	4.57	-0.06
Parent	4.86	4.73	-0.13	4.82	0.09
Brother or sister	5.01	4.70	-0.31	4.77	0.07
Other family member	4.76	4.48	-0.28	4.43	-0.05
Friend or acquaintance	4.91	4.69	-0.22	4.67	-0.02
Pet	4.88	4.51	-0.37	4.52	0.01
No involvement	4.38	4.58	0.20	3.84	-0.74
Other	5.09	4.58	-0.51	4.17	-0.41

continued

Table 12 (continued)

Characteristic	Pre LS Mean	Post LS Mean	Diff LS Mean	F Post LS Mean	F Diff LS Mean
Last Involvement with Death					
Within 6 months	4.60	4.50	-0.10	4.33	-0.17
6-12 months	4.55	4.50	-0.05	4.22	-0.28
1-5 years	4.70	4.56	-0.14	4.41	-0.15
More than 5 years	5.14	4.48	-0.66	4.55	0.07
Never	5.24	5.04	-0.20	4.87	-0.17
Attended Funeral					
Within 6 months	4.88	4.73	-0.15	4.60	-0.13
6-12 months	4.86	4.55	-0.31	4.46	-0.09
More than 1 year	4.87	4.71	-0.16	4.50	-0.21
Never	4.76	4.45	-0.31	4.33	-0.12
Discussion of Death in Home					
Openly	4.84	4.70	-0.14	4.49	-0.21
With discomfort	4.82	4.63	-0.19	4.57	-0.06
When necessary and excluding children	4.93	4.41	-0.52	4.29	-0.12
As taboo subject	5.11	4.91	-0.20	4.72	-0.19
Never talked about	4.70	4.56	-0.14	4.40	-0.16
Other	4.66	4.47	-0.19	4.38	-0.09
School					
1	4.80	4.59	-0.21	4.43	-0.16
2	4.48	4.33	-0.15	4.36	0.03
3	5.02	4.68	-0.34	4.37	-0.31
4	4.80	4.77	-0.03	4.59	-0.18
5	4.65	4.44	-0.21	4.42	-0.02
6	5.06	4.84	-0.22	4.64	-0.20
7	5.04	4.65	-0.39	4.50	-0.15
8	4.90	4.59	-0.31	4.47	-0.12
Group					
Control	4.83	4.62	-0.21	4.50	-0.12
Experimental	4.86	4.61	-0.25	4.45	-0.16

The nonwhite respondents had a significantly higher mean score (4.94) than did the white respondents (4.74).

The school which the respondents attended was also significantly related to death anxiety. With the exception of school 2 (which essentially remained the same) and school 4 (whose score became lower), the mean scores for the schools were higher for the group of 350 (Table 12) than for the larger group of 475 (Table 3).

Unit on Death and Dying and Changes in Death Anxiety

As has been stated previously, the primary focus of this research was to determine if adolescents' death anxiety could be reduced through a two-week study unit on death and dying. Figure 8 indicates the least squares mean death anxiety scores of the 350 respondents after the posttest. While the posttest mean scores for the 350 respondents were lower than those for the total group, it should be noted that their pretest scores were also lower and therefore had less distance to drop.

The LS analysis (Table 13) shows there was not a significant difference in levels of death anxiety between the experimental and control groups at the time of the posttest. Therefore, as discussed earlier in the analysis of the total group, while there was some change in levels of death anxiety, this change cannot be attributed to participation in the lesson series on death and dying.

Relationships between Characteristics and Changes in Death Anxiety

Table 14 reports the results of the LS analysis to determine if the change in attitudes of the 350 respondents was related to the personal and situational characteristics used in this study.

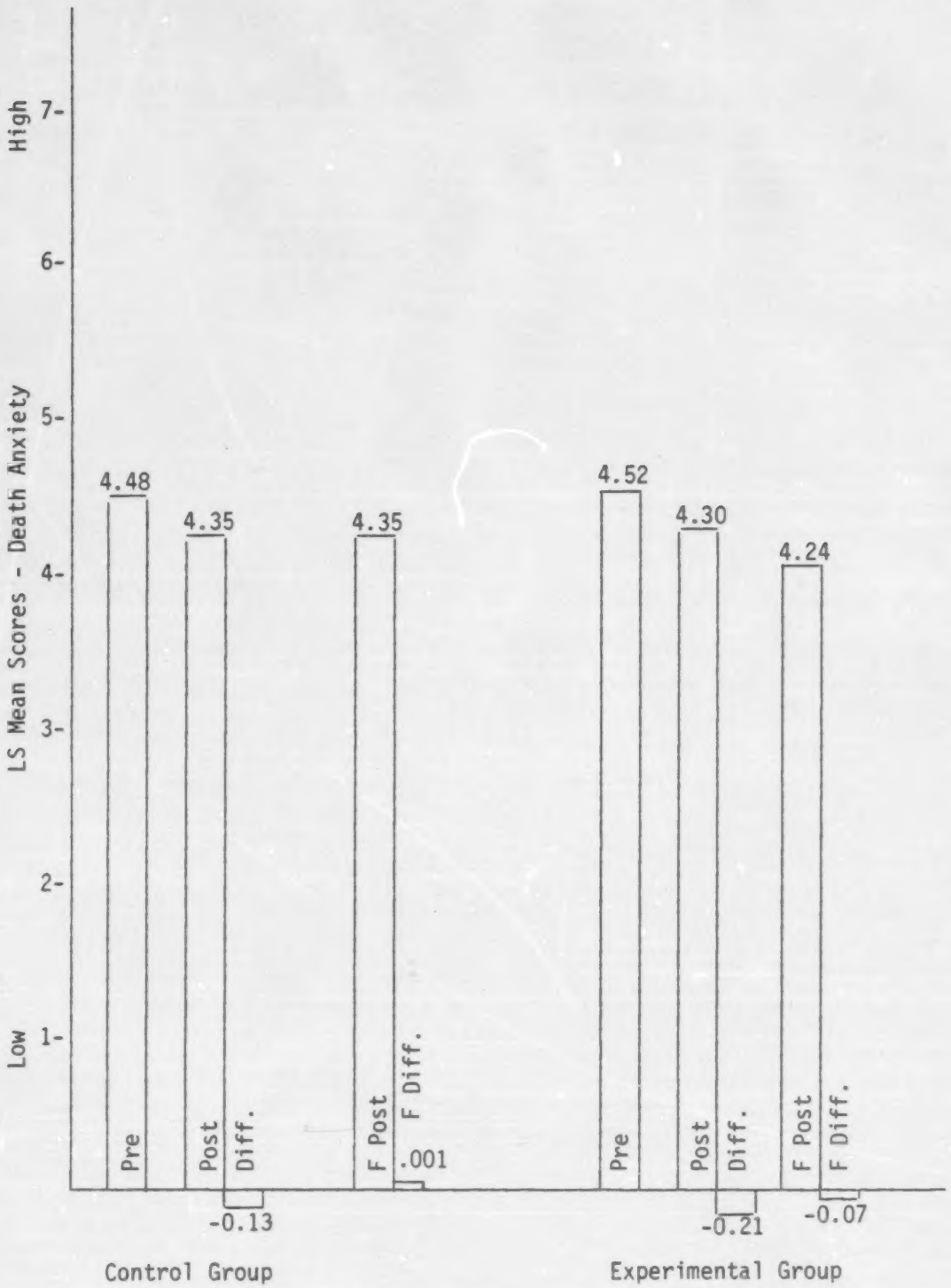

Figure 8. LS mean scores, death anxiety, by group, for those responding to three administrations of the Templer-McMordie Scale (N=350)

Table 13. Relationships between death anxiety, posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	13.658	21.56*	0.0001
Age	3	1.003	0.53	0.6675
Religion	6	5.910	1.56	0.1600
Grade	2	0.175	0.14	0.8712
Place in family	3	1.750	0.92	0.4329
Race	1	3.773	5.96*	0.0152
First involvement	7	1.615	0.36	0.9223
Last involvement	4	0.567	0.22	0.9262
Attended funeral	3	2.439	1.28	0.2794
Discussion of death	5	3.126	0.99	0.4265
OP Attitudes	1	1.461	2.31	0.1299
School	7	7.644	1.72	0.1021
Group	1	0.004	0.01	0.9341

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at the .10 level. $R^2 = 0.198$.

Table 14. Relationship between changes in death anxiety, difference in pretest and posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.741	2.62	0.1065
Age	3	3.568	4.21*	0.0063
Religion	6	1.354	0.80	0.5715
Grade	2	0.093	0.16	0.8482
Place in family	3	0.5871	0.69	0.5609
Race	1	0.336	1.19	0.2763
First involvement	7	1.700	0.86	0.5402
Last involvement	4	3.642	3.22*	0.0130
Attended funeral	3	1.536	1.81	0.1431
Discussion of death	5	2.897	2.05*	0.0708
OP Attitudes	1	0.123	0.43	0.5106
School	7	2.294	1.16	0.3257
Group	1	0.072	0.26	0.6130

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.181$.

As has been reported, this analysis seemed to indicate that the group to which one belonged was not significantly related to the amount of change occurring between the pretest and posttest. This finding concurs with the analysis of the total group.

In the early analysis of the 475 adolescents, no variables emerged as significantly related to changes in death anxiety. In the analysis of the 350 adolescents, three variables appeared to be significantly related: age (0.0063), last involvement with death (0.0130), and discussion of death in the home (0.0708).

Those respondents 15 and under evidenced the greatest difference in a negative direction (-0.36) and thus the greatest reduction of death anxiety by age. Students aged 16 and 17 had the same amount of difference (-0.33) while those 18 and above had an increase (0.09) in scores from pretest to posttest.

Among the 350 respondents, those whose last involvement with death had been more than 5 years had the greatest difference (-0.66) in death anxiety scores. While not as large a change, the analysis did show a reduction for the other categories in the following order: 6-12 months (-0.05), within 6 months (-0.10), 1-5 years (-0.14), and never (-0.20).

Negative differences were found for all categories of the variable discussion of death in home. The greatest difference (-0.52) was evidenced by those respondents who indicated that death was discussed when necessary and excluding the children.

Sex approached significance (0.1065). Females had a negative difference of -0.28 (Table 12) while males showed a difference of -0.18 from the pretest to the posttest.

Persistence of Changed Levels of Death Anxiety

The sixth objective of the study was to determine whether the changed attitudes which resulted from participation in the unit on death and dying would persist after a four-month time lapse. Table 12 indicates that the follow-up posttest LS means for the experimental group was 4.45 compared to a mean of 4.61 at the time of the posttest. The follow-up mean score of the control group was 4.50 with a posttest mean score of 4.62. Thus, over time, both the experimental group (-0.16) and the control group (-0.12) continued to show a decline in mean scores indicating a decrease in levels of death anxiety. This decrease appears to be a continuation of the trend found in the decline in mean scores from pretest to posttest. On both the difference between the pretest and the posttest as well as that between the posttest and the follow-up posttest, both groups evidenced a decline in mean scores with the experimental group exhibiting a slightly larger but consistent decrease of -0.04.

The fact that the experimental groups' levels of death anxiety decreased should be encouraging. However, as the control group also showed declines in death anxiety mean scores, it is not possible to attribute such changes to participation in the lesson series on death and dying. Also, Table 15 shows that in the LS analysis of the relationship between death anxiety, follow-up posttest scores, and personal and situational characteristics, group was not significant.

Difference between Posttest and Follow-up Posttest

As just noted in the previous section, both the control and experimental groups evidenced decreases from the posttest to the

Table 15. Relationship between death anxiety, follow-up posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	4.711	7.02*	0.0085
Age	3	0.142	0.07	0.9702
Religion	6	3.915	0.97	0.4440
Grade	2	0.359	0.97	0.4440
Place in family	3	1.460	0.73	0.5411
Race	1	1.317	1.96	0.1623
First involvement	7	4.563	0.97	0.4527
Last involvement	4	1.953	0.73	0.5738
Attended funeral	3	1.265	0.63	0.6013
Discussion of death	5	2.153	0.64	0.6707
OP attitudes	1	0.125	0.19	0.6661
School	7	2.463	0.52	0.8173
Group	1	0.118	0.18	0.6750

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.131$.

follow-up posttest. In attempting to determine if this difference was significant, a least squares analysis was used. Table 16 indicates that there was not a significant difference, at the .10 level, between the posttest and follow-up posttest differences of the experimental and control groups.

It appears that sex and attitudes toward older adults (OP attitudes) were the only variables significantly related to the different scores. Table 12 shows some interesting data regarding these differences by sex. Females evidenced the greatest declines (pretest-posttest difference, -0.28; posttest-follow-up posttest, -0.23) with males declining -0.18 and -0.05. However, with a pretest mean score of 5.12 compared to the males' mean score of 4.57, the females had higher scores from which to decline. Thus, on the follow-up posttests, the females still had higher mean scores (4.61) than did the males (4.34).

As has been previously noted, one of the major concerns of this study was to determine if there was a relationship between death anxiety and attitudes toward older adults. An analysis of the students' attitudes toward older persons shall be considered in further sections. However, it should be noted here that these attitudes toward older persons, as measured by the pretest Kogan OP scores, were found to be significantly related to the difference between posttest and follow-up posttest death anxiety scores. As can be seen in Appendix E, Table 2, the correlation between the follow-up difference and the pretest OP scores is positive--the higher the pretest OP scores the greater the difference between posttest and

Table 16. Relationship between changes in death anxiety, difference in posttest and follow-up posttest, and personal and situational characteristics of those responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	2.326	7.88*	0.0053
Age	3	0.881	0.99	0.3970
Religion	6	0.943	0.53	0.7839
Grade	2	0.271	0.46	0.6326
Place in family	3	0.663	0.75	0.5269
Race	1	0.632	2.14	0.1446
First involvement	7	2.331	1.13	0.3454
Last involvement	4	1.376	1.16	0.3264
Attended funeral	3	0.621	0.70	0.5559
Discussion of death	5	1.110	0.75	0.5875
OP attitudes	1	2.441	8.27*	0.0043
School	7	2.999	1.45	0.1837
Group	1	0.077	0.26	0.6095

[a]For these sources the partial SS from the least squares analysis are presented.

*Significant at .10 level. $R^2 = 0.172$.

follow-up posttest. Thus, the greater the change in level of death anxiety, the more positive the adolescents' pretest attitudes toward older persons. The change in death anxiety was related to pretest OP scores, but there was no way to tell from the analysis whether the OP scores were related to a positive or negative change in death anxiety.

Attitudes toward Older Persons

As was stated earlier, another aspect of the first objective was to determine the attitudes of the adolescents toward older persons. Prior to participation in the lesson series on death and dying, the students completed the Kogan OP Scale. The pretest attitudes of the 350 respondents were the same (4.05) as those of the total group (Figure 9). As has been stated previously, on the OP Scale (a Likert scale from 1.0 to 7.0), this mean score reflects positive attitudes toward older persons prior to the beginning of any treatment.

Relationships between Characteristics and Attitudes toward Older Persons

Table 17 reports the LS analysis used to determine if any significant relationships existed between the pretest attitudes of the 350 adolescents and the personal and situational characteristics. In this analysis, five variables were related: age, religion, grade, race, and first involvement with death. These same five variables were found to be significant in the analysis of the total group.

Females had significantly more positive attitudes (Table 18) toward older persons (4.08) than did males (4.02). Those respondents who cited no religious preference had the lowest mean score (3.70); however, with a midpoint of 3.50 on the OP Scale, these attitudes

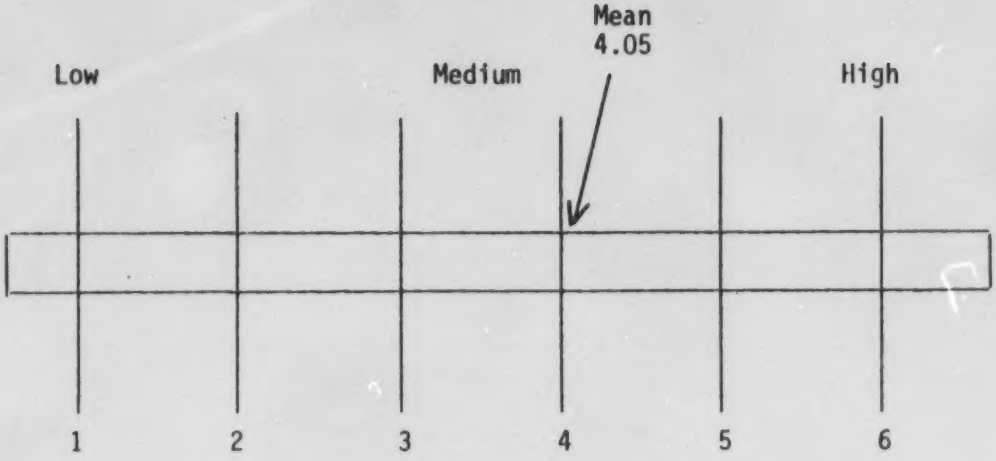

Figure 9. Attitude toward older persons, pretest, mean score of those who responded to three administrations of the Kogan OP Scale (N=350)

Table 17. Relationship between attitudes toward older adults, pretest, and personal and situational characteristics of those responding to three administrations of the Kogan OP Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.174	0.93	0.3361
Age	3	1.525	2.71*	0.0444
Religion	6	3.002	2.67*	0.0154
Grade	2	1.187	3.17*	0.0436
Place in family	3	0.301	0.53	0.6628
Race	1	1.012	5.40*	0.0208
First involvement	7	2.852	2.17*	0.0362
Last involvement	4	0.356	0.47	0.7544
Attended funeral	3	0.747	1.33	0.2640
Discussion of death	5	1.503	1.60	0.1575
Death anxiety	1	0.221	1.18	0.2788
School	7	1.471	1.12	0.3494
Group	1	0.064	0.34	0.5590

[a]For these sources, the partial SS from the least squares analysis are presented.

*Significant at the .10 level. $R^2 = 0.225$.

Table 18. Attitudes toward older adults by personal and situational characteristics of adolescents responding to three administrations of the Kogan OP Scale (N=350)

Characteristic	Pre LS Mean	Post LS Mean	Diff LS Mean	F Post LS Mean	F Diff LS Mean
Sex					
Female	4.08	4.07	-0.01	3.99	-0.08
Male	4.02	4.00	-0.02	3.87	-0.13
Age					
15 and below	3.99	4.13	0.14	3.93	-0.20
16	4.28	4.18	-0.10	4.06	-0.12
17	3.98	3.96	-0.02	3.88	-0.08
18 and above	3.95	3.85	-0.10	3.84	-0.01
Religion					
Baptist	4.01	3.94	-0.07	3.83	-0.11
Methodist	3.99	3.95	-0.04	3.79	-0.15
Presbyterian	4.12	4.12	-0.00	3.98	-0.14
Catholic	3.88	3.94	0.06	3.96	0.02
Jewish	4.44	4.38	-0.06	4.12	-0.26
Other	4.18	4.12	-0.06	3.94	-0.18
None	3.70	3.76	0.06	3.86	0.10
Grade					
9th & 10th grades	4.05	3.92	-0.13	3.96	0.04
11th grade	3.89	3.98	0.09	3.79	-0.19
12th grade	4.21	4.19	-0.02	4.03	-0.16
Place in Family					
Only child	3.97	3.93	-0.04	3.88	-0.05
Oldest child	4.05	4.07	0.02	3.96	-0.11
Youngest child	4.07	4.07	0.00	3.95	-0.12
Between youngest and oldest child	4.09	4.04	-0.05	3.93	-0.11
Race					
Nonwhite	3.97	3.95	-0.02	3.83	-0.12
White	4.12	4.10	-0.02	4.03	-0.07
First Involvement with Death					
Grandparent or great-grandparent	4.04	3.98	-0.06	3.87	-0.11
Parent	4.26	4.17	-0.09	4.04	-0.13
Brother or sister	3.85	3.88	0.03	3.90	0.02
Other family member	4.08	4.01	-0.07	3.87	-0.14
Friend or acquaintance	4.11	4.21	0.10	4.05	-0.16
Pet	4.02	4.05	0.03	3.93	-0.12
No involvement	3.54	3.61	0.07	3.75	0.14
Other	4.48	4.33	-0.15	4.00	-0.33

continued

Table 18 (continued)

Characteristic	Pre LS Mean	Post LS Mean	Diff LS Mean	F Post LS Mean	F Diff LS Mean
Last Involvement with Death					
Within 6 months	4.02	4.11	0.09	3.96	-0.15
6-12 months	3.96	4.04	0.08	3.94	-0.10
1-5 years	3.95	3.98	0.03	3.92	-0.06
More than 5 years	3.98	4.01	0.03	3.90	-0.11
Never	4.32	4.01	-0.30	3.92	-0.10
Attended Funeral					
Within 6 months	4.03	3.96	-0.07	3.93	-0.03
6-12 months	4.03	3.98	-0.05	3.93	-0.05
More than 1 year	3.97	3.95	-0.02	3.87	-0.08
Never	4.16	4.23	0.07	3.98	-0.25
Discussion of Death in Home					
Openly	4.07	4.04	-0.03	3.95	-0.09
With discomfort	4.14	4.09	-0.05	3.96	-0.13
When necessary and excluding children	4.01	4.02	0.01	3.85	-0.17
As taboo subject	4.19	4.23	0.04	4.08	-0.15
Never talked about	3.95	3.90	-0.05	3.94	0.04
Other	3.93	3.91	-0.02	3.78	-0.13
School					
1	4.13	4.08	-0.05	3.98	-0.10
2	4.12	4.08	-0.04	3.97	-0.11
3	3.93	3.94	0.01	3.78	-0.16
4	4.07	4.03	-0.04	3.93	-0.10
5	3.92	3.92	0.00	3.83	-0.09
6	4.11	4.12	0.01	3.94	-0.18
7	4.09	4.05	-0.04	4.04	0.01
8	4.01	4.02	0.07	3.96	-0.06
Group					
Control	4.03	3.99	-0.04	3.88	-0.11
Experimental	4.07	4.07	0.00	3.98	-0.09

were still slightly on the positive side. The Catholic respondents reported a mean score of 3.88, the Protestant scores fell between 3.99 and 4.12, while the Jewish respondents had the highest mean score of 4.44. Those adolescents who indicated the "other" category also had positive attitudes (4.18).

The adolescents in the sample who were in the 11th grade evidenced the lowest mean score (3.89), with the 12th graders at 4.21 and the 9th and 10th graders at 4.05. Again, all of these scores reflect positive attitudes toward older adults. Nonwhites had a mean score of 3.97 and whites had higher mean scores at 4.12.

The respondents who cited no previous involvement with death had the lowest attitude scores (3.54), with those citing the "other" category having the highest attitude scores (4.48).

Unit on Death and Dying and Changes in Attitudes toward Older Persons

As has been stated previously, it was felt that if there was a relationship between death anxiety and attitudes toward older adults, participation in a lesson series on death and dying might bring some change in those attitudes. Figure 10 indicates the least squares mean attitude scores of the 350 respondents after the posttest. There was a slightly decline (-0.04) in the LS means of the control group at the time of the posttest. There was no change in the experimental group. Table 19 shows that there was not a significant difference in changes in attitude between the experimental and control groups at the time of the posttest.

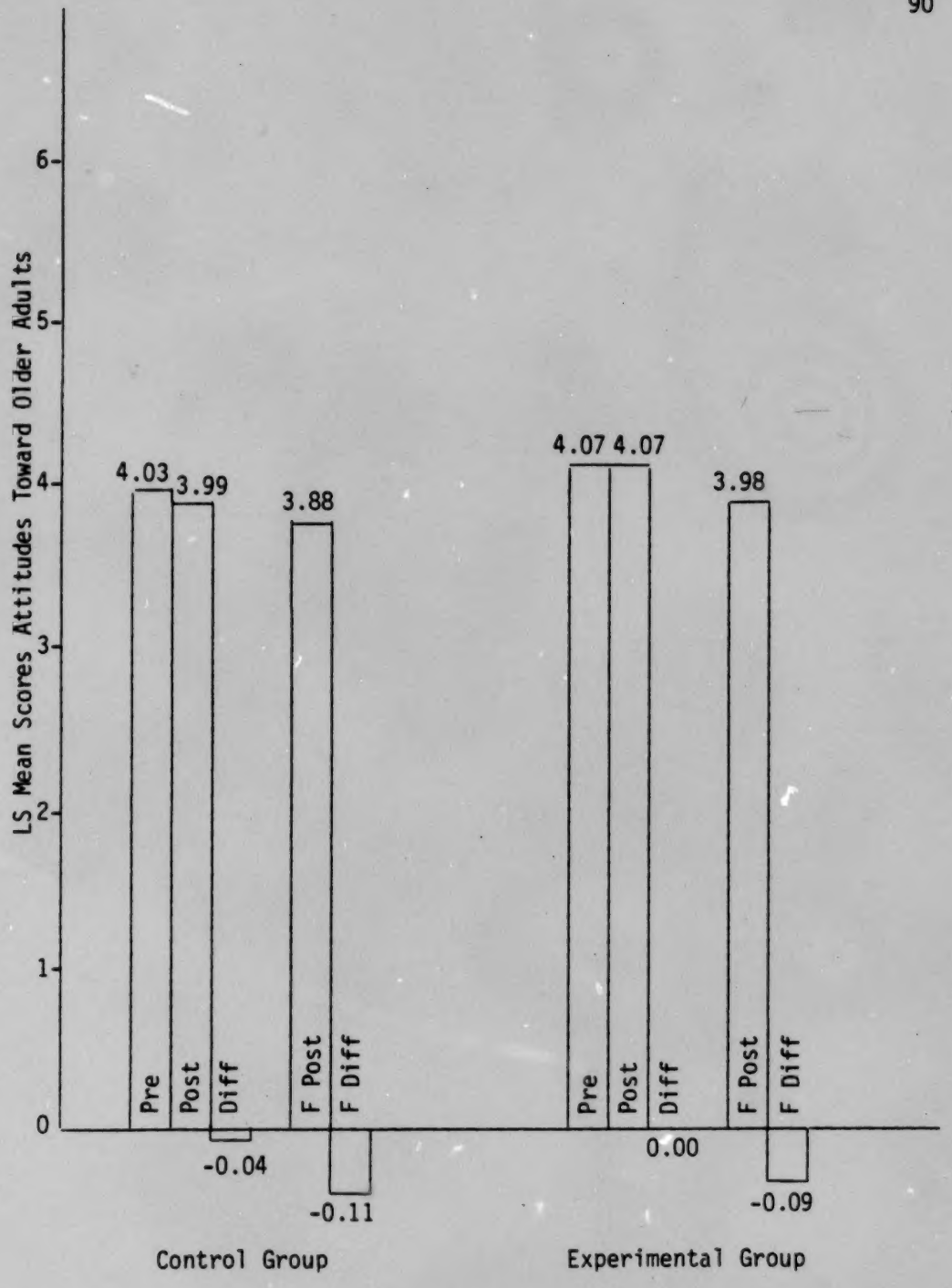

Figure 10. LS mean scores, attitudes toward aged, by group, for those taking three administrations of the Kogan OD Scale (N=350)

Table 19. Relationship between attitudes toward older adults, posttest, and personal and situational characteristics of those responding to three administrations of the Kogan OP Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.299	1.29	0.2562
Age	3	0.743	1.07	0.3619
Religion	6	2.247	1.62	0.1408
Grade	2	0.559	1.21	0.2996
Place in Family	3	0.498	0.72	0.5448
Race	1	1.112	4.82*	0.0290
First involvement	7	2.898	1.79*	0.0876
Last involvement	4	0.569	0.62	0.6516
Attended funeral	3	1.694	2.45*	0.0629
Discussion of death	5	1.585	1.37	0.2334
Death anxiety	1	2.084	9.02*	0.0029
School	7	1.071	0.66	0.7058
Group	1	0.320	1.39	0.2402

[a]For these sources, the partial SS from the least squares analysis are presented.

*Significant at the .10 level. $R^2 = 0.240$.

Relationships between Respondent Characteristics and Changes in Attitudes toward the Aged

Table 20 reports the results of the LS analysis to determine if the change in attitudes of the 350 respondents was related to the personal and situational characteristics used in this study. This analysis seemed to indicate that the group to which one belonged was not significantly related to the amount of change occurring between the pretest and posttest. This finding is consistent with that reported above. Age (0.0520), grade (0.0462), and pretest levels of death anxiety (0.0013) were found to be significantly related. In the analysis of the total group, age and pretest death anxiety were significant; however, grade was not.

Table 18 indicates that two groups of students ("16" and "18 and above") showed a decrease in attitude scores (-0.10). Those students who were 17 had a slight decrease (-0.02) in scores while those students who were 15 and below had an increase in scores (0.14). The youngest group, therefore, evidenced more positive changes in attitudes toward older adults. When grouped by grade, a different trend emerged. In the LS analysis of this category, the youngest students (9th and 10th grades) showed the greatest decline in scores (-0.13), while the 11th grade students evidenced an increase in scores (0.09). While both variables (age and grade) were significantly related to differences in attitude scores, it is difficult to explain the conflicting directions of change.

One objective of this study was to consider the relationship between death anxiety and attitudes toward older adults (see research question 6, p. 3). For this reason, the pretest scores of the

Table 20. Relationship between changes in attitudes toward older adults, difference in pretest and posttest, and personal and situational characteristics of adolescents responding to three administrations of the Kogan OP Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.017	0.19	0.6652
Age	3	0.696	2.59*	0.0520
Religion	6	0.386	0.72	0.6344
Grade	2	0.556	3.11*	0.0462
Place in Family	3	0.265	0.99	0.3999
Race	1	0.002	0.03	0.8707
First involvement	7	1.015	1.62	0.1287
Last involvement	4	0.260	0.73	0.5750
Attended funeral	3	0.374	1.39	0.2436
Discussion of death	5	0.094	0.21	0.9568
Death anxiety	1	0.948	10.59*	0.0013
School	7	0.164	0.26	0.9668
Group	1	0.098	1.09	0.2974

[a]For these sources, the partial SS from the least squares analysis are presented.

*Significant at the .10 level. $R^2 = 0.161$.

Templer-McMordie Death Anxiety Scale were included as an independent variable in this analysis. As reported in Table 20, the pretest levels of death anxiety were significantly related to the difference in pretest and posttest scores on the Kogan OP Scale for this group of 350 respondents. The correlation between the pretest levels of death anxiety was negative (Appendix E, Table 2). Thus, the greater the death anxiety scores, the smaller the difference in OP scores.

Persistence of Changed Attitudes - Follow-Up Posttest

The final objective of this study was to determine whether the changed attitudes toward the aged which resulted from participation in the unit on death and dying would persist after a four-month time lapse. Table 18 indicates that while the experimental group showed no change in attitude scores from the pretest to the posttest (LS mean score 4.07), the follow-up posttest scores showed a decline of -0.09 (LS mean score 3.98). The control group evidenced a slight decline (-0.04) from pretest to posttest with an even greater decline in attitude scores at the time of the follow-up posttest (-0.11).

The group to which the respondent belonged was significantly related to the follow-up posttest scores (Table 21); however, group was not significantly related to the amount of change in scores which took place from the posttest to the follow-up posttest (Table 22). Because both groups evidenced a drop in scores, it cannot be said that participation in the lesson series on death and dying brought about positive increases in attitudes toward older adults. It should be noted, though, that the experimental group did see less of a decline in scores than did the control group.

Table 21. Relationship between attitudes toward older adults, follow-up posttest, and personal and situational characteristics of adolescents responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.829	4.81*	0.0290
Age	3	0.455	0.88	0.4538
Religion	6	1.133	1.10	0.3641
Grade	2	0.789	2.29	0.1029
Place in family	3	0.145	0.28	0.8409
Race	1	1.892	10.99*	0.0010
First involvement	7	1.211	1.01	0.4280
Last involvement	4	0.075	0.11	0.9794
Attended funeral	3	0.328	0.64	0.5966
Discussion of death	5	1.137	1.32	0.2540
Death anxiety	1	1.09	6.35*	0.0122
School	7	1.244	1.03	0.4086
Group	1	0.492	2.86*	0.0921

[a]For these sources, the partial SS from the least squares analysis are presented.

*Significant at the .10 level. $R^2 = 0.228$.

Table 22. Relationship between attitudes toward older adults, difference in posttest and follow-up posttest, and personal and situational characteristics of adolescents responding to three administrations of the Templer-McMordie Scale (N=350)

Characteristic[a]	df	SS	F-Value	Prob > F
Sex	1	0.132	1.38	0.2411
Age	3	0.172	0.60	0.6215
Religion	6	1.004	1.74	0.1103
Grade	2	0.569	2.96	0.0531
Place in family	3	0.126	0.44	0.7305
Race	1	0.103	1.07	0.3012
First involvement	7	0.722	1.08	0.3792
Last involvement	4	0.269	0.70	0.5926
Attended funeral	3	0.838	2.91*	0.0342
Discussion of death	5	0.952	1.98*	0.0799
Death anxiety	1	0.158	1.65	0.2001
School	7	0.491	0.73	0.6468
Group	1	0.018	0.19	0.6618

[a]For these sources, the partial SS from the least squares analysis are presented.

*Significant at the .10 level. $R^2 = 0.168$.

One objective of this study was to investigate the relationship between attitudes toward older adults and death anxiety. Table 21 indicates that pretest levels of death anxiety were significantly related to posttest attitudes toward older adults. The correlation between the pretest death anxiety and follow-up posttest attitudes toward older adults was negative (Appendix E, Table 2). Thus, as the attitude scores go down (i.e., as these attitudes become more negative), the levels of death anxiety increase.

Relationship between Respondent Characteristics and Difference between Posttest and Follow-Up Posttest

In analyzing the amount of change in attitude scores from posttest to follow-up posttest (Table 22), two variables appeared significant--funeral attendance and discussion of death in the home. With the significance level set at .10, religion approached significance (0.1103).

Those respondents who had never attended a funeral had the greatest decrease (Table 18) in OP scores (-0.25), while those who had attended a funeral within the last six months had the least decline (-0.03). All of the categories under "discussion of death in the home" evidenced a decline in scores ranging from -0.09 to -0.17 except for those who cited the category "never talked about." For this group, there was a slight increase in attitude scores (0.04).

Under religious preference, those students citing "none," "Catholic," or "Methodist" evidenced an increase in OP scores indicating more positive attitudes toward the aged. All other religion categories showed a decrease in scores with the largest decrease (-0.26)

being for the Jewish students. While there were only four Jewish students in this group of 350 (all in the experimental group), it is interesting to note that these four respondents had the highest pre-test OP scores (Table 18).

SUMMARY AND CONCLUSIONS

Purpose

The central purpose of this study was to determine whether the death anxiety of adolescents could be lowered and whether adolescents' attitudes toward older adults could be increased in a positive direction through participation in a series of learning experiences on death and dying.

More specifically, the study sought answers to the following questions:

1. What are the current levels of death anxiety and attitudes toward older persons of high school students in North Carolina?
2. To what extent are selected personal and situational characteristics related to adolescents' death anxiety and attitudes toward older persons?
3. Is there a relationship between death anxiety and attitudes toward older persons?
4. Can adolescents' death anxiety and attitudes toward older persons be changed in a positive direction through participation in a series of ten 50-minute lessons on death and dying?
5. To what extent are selected personal and situational characteristics related to changes in adolescents' levels of death anxiety and attitudes toward older persons?
6. Do changed attitudes in death anxiety and toward older persons persist after four months?

Background and Need for the Study

Within this century tremendous strides have been made in life-saving and life-maintaining skills. Persons are living longer than ever before, and many diseases which used to disable or kill persons are no longer threats. However, in the face of these medical advances,

many persons are unable to cope with death. It is not uncommon for individuals to deny their own death. Youth are among those groups expressing high death anxiety.

Many previous studies have indicated that adolescents hold negative attitudes toward older persons. Reference is also made to the association between death and the elderly, as well as the relationship between the fear of death and the fear of growing old. The social cost to the elderly for this association with death can be high. A review of the literature reveals that the attitudes which others have toward the elderly seem to have an impact on the treatment they receive and on the adjustment these older adults make to life.

If the research findings are indeed true, it seems important that attention be given to altering both death anxiety and attitudes toward older persons. It is generally accepted that adolescence is a crucial attitude-forming period of life. If youth's death anxiety can be lowered and attitudes toward older persons increased, then it would appear that both generations might profit. The youth might fear death and old age less and begin a process of altering the treatment of older people. This study was an effort in that direction.

Research Procedures

The population for this study consisted of senior high school students in the public schools in the 100 counties of North Carolina. The State of North Carolina was divided into three geographical areas (west, central, and east). Three school systems were selected at random within each area. All high schools in the selected systems were assigned numbers and one school from each system was drawn at

random. If a school was not able to participate in the study, a new school was selected in the manner just indicated. Eight schools eventually became a part of the study. One school was so late in making a decision that it was not feasible to selected a replacement. One social studies, psychology, or family living class in each school became the experimental group, and another class in each school meeting at the same time became the control group. In a few instances the teachers of the experimental groups asked to teach the unit to one or more additional classes so that they would not have to duplicate lesson plans. This was agreed to by the researchers.

The experimental classes participated in a two-week study of death and dying (ten 50-minute lessons) led by their regular teachers. The experiment ran in the Fall Semester between October and December. The control group in each school merely completed the pre- and post-attitude tests. The Templer-McMordie Death Anxiety Scale and the Kogan OP Attitude Scale were administered to all participants before and after the experiment. Four months later the participants completed both the Death Anxiety Scale and OP Scale as a follow-up posttest. There were 475 youths (323 in experimental and 152 in control) who supplied data for the pretest and posttest. Of this number, 350 participated in the follow-up posttest.

Processing of data and statistical procedures were carried out at the Triangle Universities' Computation Center using the Statistical Analysis System (SAS). Least squares analysis was the statistical procedure used to analyze the data. A .10 level of significance was set for this study.

Results and Conclusions

Based on the study of the literature, the researchers anticipated that the adolescents in this research would have generally high levels of death anxiety. This expectation was confirmed. The mean pretest death anxiety score for the total sample was 4.51 out of a possible 7.0, indicating a moderately high level of death anxiety. While this level of death anxiety is not overwhelmingly negative, the tendency is in the negative direction. While little research has been done on adolescents' levels of death anxiety, these findings would support those of Cole (1978) and Kalish and Reynolds (1977).

There appeared to be a relationship between sex and death anxiety with females having higher levels of death anxiety than did males, a finding which was consistent throughout the analysis of these data. While previous research regarding this relationship has been conflicting, other studies (Tammarino, 1975; Templer, Ruff, and Franks, 1971; Pandey and Templer, 1972) have found females to have higher death anxiety.

It is difficult to explain these sex differences. Cole (1978) found that married women with children had the highest death anxiety. For the adolescent girls in this study, it may be that the interaction with and role-modeling of their mothers may contribute to their own high death anxiety. However, there are certainly other factors which may contribute to this phenomena; further research must seek these answers.

Last involvement with death was related to death anxiety. Those respondents who cited no previous personal experience with death had the highest levels of death anxiety. With the exception of the "6-12

month" category, the further removed the youth were from their most recent experience with death, the higher their death anxiety. While there is a paucity of research into the relationship between personal involvement and death anxiety, this finding was consistent with that of Cole (1978). Cole explained that this lower anxiety may be due to the desensitization effect of a recent loss. Another explanation may lie in the grief process which, after a recent loss, might preoccupy the individual and overshadow general feelings of anxiety. Death for this person would be a reality, not a distant, unknown threat.

There was a great deal of variation among the schools that participated in this study (urban vs rural, large vs small). However, no controls were made for these differences. The fact that the mean scores for the schools were significantly different points to a variation in levels of death anxiety among adolescents in North Carolina.

Age, religion, grade in school, place in family, race, first involvement with death, funeral attendance, discussion of death in the home, and group did not appear to be related to death anxiety. The relationship between attitudes toward older adults and death anxiety approached significance (0.1299).

On the basis of these findings, the analysis as presented would lead one to conclude that adolescents had moderately high levels of death anxiety with females having more negative feelings toward death than males. A recent personal involvement could be a factor influencing adolescents' death anxiety.

The major emphasis of the research was to determine whether adolescents' levels of death anxiety could be changed through

educational experiences specifically designed to change death anxiety. The data of this study indicated there was no significant difference between the experimental and control groups at the conclusion of the learning experiences. Both groups evidenced a slight decrease of death anxiety at the completion of the lesson series. It is not possible to say that participation in the educational intervention brought about such changes. There may be numerous explanations for these findings.

The lesson series were adapted from a previous study (Trent, Glass, and McGee, 1981) designed to change middle-aged adults' attitudes toward aging. While some changes were made in content and instructional techniques, it may be that the topics included were not those most relevant or salient to the adolescents. In their study, Trent, Glass, and McGee found a positive change in death anxiety in middle-aged or older adults after participation in a workshop series on death and dying. It may be that for adolescents, death and dying are less conscious issues than they may be for middle-aged and older adults, thus not making the teen years a "teachable moment."

Two other explanations may lie in the methodology utilized. As both groups experienced a decrease in death anxiety, there may have been a "pretest effect." The completion of the Death Anxiety Scale may have precipitated a process of self-reflection which could have influenced the outcome. Also, it is not possible to rule out interaction between the experimental and control groups. During the normal course of the school day, opportunities may have existed for members of the two groups to discuss the content of the lesson series,

particularly in the smaller schools. This situation would be consistent with the findings of Nolan, Richardson, and Bray (1980). These researchers found that when the experimental and control groups were drawn from the same school, significant change was found on only one of three measures. However, when the control group was drawn from another school, significance was found on all three measures.

The time factor involved in the two-week lesson series may have been another explanation in considering the findings. Two weeks may have not provided enough time for the study and self-reflection needed to change death anxiety. Also, a different sequencing of the lesson series may have contributed more to decreasing death anxiety. One teacher who had taught the lesson series stated that his students may have benefited more from a different sequencing pattern. By grouping the ten units into two- or three-unit sessions spaced out over several months, the students would have had time for more self-reflection. The teacher also said that while his students were interested in the study of death and dying, it had been difficult to maintain that interest for the full two weeks.

A final explanation may be that it is not possible to change death anxiety through educational means. While some previous research found no change or decrease in death anxiety, the fact that some studies did find positive changes after participation in death education indicates that further research should be done in this area.

While sex, religion, attitudes toward older adults, and school were related to the posttest results, none of the variables used in this study were related to the difference in death anxiety scores from

pretest to posttest in the analysis of the total group. For the 350 who completed all three administrations of the Death Anxiety Scale, age, last involvement with death, and discussion of death in home were found to be significantly related to pre/posttest difference. It is difficult to interpret these differences between groups.

A second emphasis of this research involved adolescents' attitudes toward older adults. The mean pretest attitude score was 4.05 out of a possible 6.0 indicating a moderately positive attitude toward the aged. Most research involving adolescents has found negative attitudes toward older persons. This positive attitude is consistent with earlier studies involving adolescents in North Carolina (Trent, Glass, and Crockett, 1979; Glass and Trent, 1980). In fact, this current mean score is higher than that (3.94) found in the 1980 study. These findings may mean that adolescents in North Carolina as a whole tend to have positive attitudes toward older persons. They may also be indicative of changing attitudes toward older adults within our society. It is encouraging to think that there may be a positive trend!

Personal and situational characteristics of the respondents which seemed to be related to pretest attitudes toward older persons were age, religion, grade, race, and first involvement with death. While all of the age groups were quite similar, the respondents 16 years of age had more positive attitudes. The variable of grade was not consistent with age in that the students in the 12th grade had the most positive scores. The Jewish respondents had the most positive attitudes, but it is difficult to draw conclusions because of the small number in that category.

While there have been conflicting findings regarding the relationship between race and attitudes toward the aged, the findings of this study support those of Trent, Glass, and Crockett (1979) with whites having more positive attitudes than nonwhites.

It is difficult to interpret the findings regarding first involvement with death. This is a relationship which warrants further investigation.

Participation in the lesson series on death and dying did not seem to have a significant effect, by group, on the respondents' attitudes toward older persons. Both groups evidenced a small decline in attitude scores. It is not possible to state that participation in the educational intervention brought about the slight lowering of attitudes. It may be that whatever phenomena was influencing the changes in death anxiety levels was also contributing to more negative attitudes toward older adults.

Death anxiety was related to posttest attitudes and the change in attitudes from the pretest to the posttest. The nature of this relationship was negative. This finding lends support to the theory of the relationship between death anxiety and attitudes toward older adults developed in the Conceptual Framework.

Age was related to changes in attitude with those 15 years and below showing positive changes, while the older age groups showed a decline.

A third major emphasis of this study was to determine if changes in death anxiety and attitudes toward older adults would persist after four months. There was a total of 350 respondents who completed all three administrations of the Death Anxiety Scale and the

OP Scale. Both the experimental and control groups had a slight decline in death anxiety. Whether or not the student participated in the lesson series did not appear related to these changes. The respondent's sex and attitudes toward older adults were the only variables related to the difference in scores over time.

Females had the greatest reduction in death anxiety; but, as they had the highest levels at the beginning of the lesson series, they had the farthest to go in reducing it. While females may have seen the greatest reduction, four months after the lesson series they still had higher death anxiety than did males.

A positive relationship was found between attitudes toward older persons and the changes in death anxiety over time.

In the analysis of the 350 respondents who completed the follow-up OP Scale, a trend toward declining scores was seen. Although the group to which a respondent belonged was significantly related to follow-up attitude scores, both groups evidenced more negative attitudes toward older adults. While the follow-up attitude scores were negatively related to death anxiety, the amount of change in these scores was not significantly related to death anxiety or to the group to which one belonged.

"Funeral attendance" and "discussion of death in the home" were the only variables significantly related to the decrease in attitude scores from the posttest to the follow-up posttest. Religious preference approached significance (0.1103).

A final emphasis of this study was to determine if there was a relationship between death anxiety and attitudes toward older adults. Previous research (Pinder and Hayslip, 1981) did not find evidence for

such a relationship. While not conclusive, the data from this study did lend some support to the relationship.

When death anxiety was treated as the dependent variable, pretest attitudes toward older adults were related to posttest levels of death anxiety and this relationship was negative. This meant that, according to the scaling of the measures, the higher the death anxiety, the less positive the pretest attitudes toward older adults. For the 350 respondents in the follow-up analysis, attitudes toward older adults was related to changes which occurred in death anxiety during the four months following the lesson series.

When attitudes toward older persons were treated as the dependent variable, pretest levels of death anxiety were negatively related to the posttest attitude scores, the changes in scores from pretest to posttest, and the attitude scores four months after the lesson series. This means that the more negative the attitudes toward older adults, the higher the levels of death anxiety.

It is important to note that the relationship between pretest levels of death anxiety and attitudes toward older persons did not appear to be significant. It was only after instrumentation and participation in the lesson series (for the experimental group) that the relationship between these two variables emerged. As discussed earlier, while there were changes in death anxiety and attitudes toward older adults, it is not possible to say what factors influenced those changes. Yet, it appears that in the interaction of those factors, there was a relationship between death anxiety and attitudes toward older adults.

Such findings reflect the complexity of the interaction between these two variables and are difficult to interpret. Further research in this area would be warranted to help clarify this relationship.

Implications

The results of this study have important implications for researchers, educators, institutions, and state and federal agencies concerned with the education of young people. The major focus of this study was to see if the death anxiety and attitudes toward older adults of adolescents could be reduced through a planned educational experience. The levels of death anxiety did not change significantly. This finding runs contrary to numerous other studies in death education cited previously. Many factors may have attributed to this lack of change and the inconclusive results of this study indicate a need for further research.

The fact that the lesson series were adapted from materials originally designed for adults may have contributed to this lack of change. It may be that the content areas which were included were not relevant or appropriate for use with adolescents. The inclusion of, or substitution of, additional topics may cause the learning experiences to become more effective for use with young people.

There was some variation in levels of change in death anxiety by school. While the lesson series was designed to be used by any teacher, it was found that some of the teachers who taught the unit had had previous experience in teaching death and dying. While all of the teachers were capable and qualified, there may have been a need for more training and orientation prior to the use of the lesson

series for those teachers who had never taught death and dying. Also, the teachers' feelings about death and dying and their attitudes toward aging and the aged might have had an influence on the students' attitudes toward death and the elderly. One implication for future research is in the relationship between teacher attitudes and change in students' attitudes.

While the changes in attitudes toward older adults were not statistically significant, these attitudes did become more negative after participation in the lesson series on death and dying. Due to the negative societal image of aging, educators should be promoting positive attitudes and reinforcing those positive attitudes which may already exist. Educators should also be sensitive to other subject matter, such as death and dying, which may inadvertently cause those attitudes to become more negative.

The complex issue of the relationship between death anxiety and attitudes toward older adults calls for further investigation. Both of these constructs are made up of numerous elements and multi-factor analysis may be warranted in determining what these factors are. Investigation can then be made into how these factors are related.

Those who work with the elderly or share the concern over the negative views of society should be heartened that the adolescents in this study had positive attitudes toward older adults. While one cannot go so far as to say that these adolescents are typical of all adolescents, these findings do present some evidence that adolescents do not have as negative attitudes toward older persons as past research would tend to indicate.

The findings of this study should contribute to the body of knowledge relating to levels of death anxiety, attitudes toward older adults, and their relationship to certain variables (sex, age, race, and last involvement with death). The data in this study give indicators of new variables which may be related to death anxiety and attitudes toward older adults--first involvement with death, discussion of death in the home, and funeral attendance. Certainly, this research has generated new questions regarding attitude change through death education and the relationship between death anxiety and attitudes toward older persons.

Recommendations

Based on the findings of this study, it is recommended that further research be conducted regarding change in death anxiety through educational interventions. Various content areas should be considered in developing the educational interventions. Further investigation should also be made into the relationship between death anxiety and attitudes toward older persons. The following research projects are recommended:

1. Conduct this study using control groups from schools other than those in which the unit on death and dying is being taught.
2. Conduct this study with the lesson series sequenced over several months rather than in two weeks.
3. Conduct a study to determine what, if any, content areas would be more appropriate for a study of death and dying by adolescents.

4. Conduct a study to determine the influence of levels of death anxiety and attitudes toward older adults held by teachers on the amount of attitude change in the students.
5. Conduct a study to determine what variables other than those identified in this study may be accounting for much of the variation in death anxiety and attitudes toward older adults.
6. Conduct a study to determine what, if any, effect a lesson series on aging had on adolescents' death anxiety.
7. Conduct a study to determine the relationship between death anxiety and attitudes toward older adults with an adult population.
8. Conduct a study to determine what factors make up death anxiety and attitudes toward older adults and how these factors are related.

REFERENCES

Aaronson, B. S. 1966. Personality stereotypes of aging. Journal of Gerontology 21:458-464.

Alexander, I. E. and Alderstein, A. M. 1958. Affective responses to the concept of death in a population of children and early adolescents. The Journal of Genetic Psychology 93:167-177.

Arnhoff, R. N. and Lorge, I. 1960. Stereotypes about aging and the aged. School and Society 88:70-71.

Bailes, L. A. and Kennedy, W. R. 1977. Effects of a death education program upon secondary school students. The Journal of Educational Research 71(2):63-66.

Bailey, M. L. 1976. Attitudes Toward Death and Dying in Nursing Students. Unpublished doctoral dissertation, University of Houston.

Barber, K. E. 1978. Mimeographed publication (3882), Washington State University, Cooperation Extension Service.

Barton, D. and Crowder, M. K. 1975. The use of role playing techniques as an instructional aid in teaching about dying, death, and bereavement. Omega 6:243-250.

Bengtson, V.; Cuellar, J. B.; and Ragan, P. K. 1961. Stratum contrasts and similarities in attitude toward death. Mental Hygiene 15:833.

Bennett, R. and Eckman, J. 1973. Attitudes toward aging: A critical examination of recent literature and implications for future research. In The Psychology of Adult Development and Aging, Carl Eisdorfer and M. P. Lawton (eds.). Washington, DC: American Psychological Association, 575-597.

Benton, R. G. 1978. Death and Dying: Principles and Practices in Patient Care. Van Nostrand Publishing Co., New York.

Blauner, R. 1976. Death and social structure. In Aging in America: Readings in Social Gerontology, Cary S. Kart and Barbara B. Manard (eds.). Alfred Publishing Co., Inc., 529-561.

Blazer, J. 1978. The concept of death as a factor in mental health. Psychology 15(1):68-77.

Bloom, S. 1975. On teaching an undergraduate course on death and dying. Omega 6:223-225.

Bohart, J. B. and Bergland, B. W. 1979. The impact of death and dying counseling groups on death anxiety in college students. Death Education 2:381-391.

Boyar, J. I. 1964. The construction and partial validation of a scale for the measurement of the fear of death. Doctoral Dissertation, University of Rochester. Dissertation Abstracts 25:204.

Britton, J. O. and Britton, J. H. 1970. Young people's perceptions of age and aging. The Gerontologist 10(3):39.

Brown, M. I. 1967. Nurses' attitudes toward the aged and their care. Annual Report to Gerontology Branch, USPHS (Contract No. PH 108-64-122).

Campbell, M. E. 1971. A study of the attitudes of nursing personnel toward the geriatric patient. Nursing Research 20:147-151.

Cole, M. A. 1978. Sex and marital status differences in death anxiety. Omega 9:139-147.

Coppersmith, S. 1967. The Antecedents of Self-Esteem. W. H. Freeman, San Francisco, CA.

Dickstein, L. S. 1978. Attitudes toward death, anxiety, and social desirability. Omega 8(4):369-378.

Dickerstein, L. S. 1972. Death concern: Measurement and correlates. Psychological Reports 30:563-571.

Diggory, J. C. and Rothman, D. C. 1961. Values destroyed by death. Journal of Abnormal and Social Psychology 63:205-210.

Durlak, J. A. 1978. Comparison between experimental and didactic methods of death education. Omega 9:57-65.

Eisenman, R. 1970. Birth order, sex, self-esteem, and prejudice against the physically disabled. Journal of Psychology 75:147-155.

Feifel, H. 1959. Attitudes toward death in some normal and mentally ill populations. In The Meaning of Death, Herman Feifel (ed.). McGraw-Hill Book Co., New York, 114-130.

Fishbein, Martin. 1967. Readings in Attitude Theory and Measurement. John Wiley and Sons, Inc., New York.

Fulton, R. 1976. Death and Identity. The Charles Press Publishers, Bowie, Maryland.

Fulton, R. and Fulton, J. 1976. A psychological aspect of terminal care: Anticipatory grief. In Death and Identity, R. Fulton (ed.). The Charles Press Publishers, Bowie, Maryland.

Garner, A. E. and Acklen, L. 1978. Does death education belong in the middle school curriculum? NASSP Bulletin 62:134-137.

Gillis, M. 1972. Study on attitudes of nursing home administrators toward the aged. University of Texas, Austin. (Unpublished manuscript.)

Ginzberg, R. 1952. The negative attitude toward the elderly. Geriatrics 7:297-302.

Glass, J.C ., Jr. and Knott, E. S. 1981. An analysis of the effectiveness of a workshop on aging in changing middle-aged adults' attitudes toward the aged. North Carolina State University, Raleigh.

Glass, J. C., Jr. and Trent, C. 1980. Changing ninth graders' attitudes toward older persons: Possibility and persistence through education. Research on Aging 2(4):499-512.

Green, B. and Irish, D. 1971. Death Education: Preparation for Living. Schenkman, Cambridge.

Hall, C. S. and Lindzey, G. 1978. Theories of Personality. John Wiley and Sons, New York.

Harris, L. and Associates. 1975. The Myth and Reality of Aging in America. National Council on Aging, Washington, DC.

Hickey, T.; Hickey, L. A.; and Kalish, R. 1968. Children's perceptions of the elderly. Journal of Genetic Psychology 112:227-235.

Hickey, T. and Kalish, R. A. 1968. Young people's perception of adults. Journal of Gerontology 23:213-219.

Hoelter, J. W. and Epley, R. J. 1979. Death education and death-related attitudes. Death Education 3(1):67-75.

Hymovitz, L. 1979. Death as a discipline: The ultimate curriculum. NASSP Bulletin 63(424):102-106.

Jeffers, F. C.; Nichols, C. R.; and Eisdorfer, C. 1961. Attitudes of older persons to death. Journal of Gerontology 16:53-56.

Kahana, E. and Coe, R. M. 1969. Self and staff conceptions of institutionalized aged. The Gerontologist 9:263, 267-277.

Kahana, B. and Kahana, E. 1972. Attitudes of young men and women toward awareness of death. Omega 3(1):37-44.

Kalish, R. A. 1963. Some variables in death attitudes. Journal of Social Psychology 59:137-145.

Kalish, R. A. 1976. Death and dying in a social context. In Handbook of Aging and the Social Sciences, R. H. Binstock and E. Shanas (eds.). Van Nostrand Reinhold, New York.

Kalish, R. A. and Reynolds, D. K. 1977. The role of aging in death attitudes. Death Education 1:205-230.

Kastenbaum, R. 1959. Time and death in adolescence. In The Meaning of Death, H. Feifel (ed.). McGraw-Hill, New York.

Kastenbaum, R. and Aisenberg, R. 1972. The Psychology of Death. Macmillan and Co., New York.

Knapp, B. W. and Moss, A. J. 1963. A comparison of direct and attributed attitudes of younger and older age groups. The Gerontologist 3(3):30.

Kogan, N. 1961. Attitudes toward old people: The development of a scale and an examination of correlates. Journal of Abnormal and Social Psychology 62:44-54.

Kogan, N. and Shelton, F. C. 1962a. Beliefs about old people: A comparative study of older and younger samples. Journal of Genetic Psychology 100:93-11.

Kogan, N. and Shelton, F. C. 1962b. Images of 'old people' and 'people in general' in an older sample. Journal of Genetic Psychology 100:3-21.

Kogan, N. and Wallach, M. 1961. Age changes in values and attitudes. Journal of Gerontology 16:272-280.

Kopel, K.; O'Connel, W. O.; Paris, J.; and Gerardin. 1975. A human relations laboratory approach to death and dying. Omega 6:219-221.

Kubler-Ross, E. 1969. On Death and Dying. Macmillan, New York.

Kurlychek, R. T. 1978. Assessment of attitudes toward death and dying: A critical review of some available methods. Omega 9(1):37-47.

LaPiere, R. T. and Farnsworth, P. R. 1949. Social Psychology. McGraw-Hill Book Co., New York.

Levin, S. 1964. Depression in the aged: The importance of external factors. In New Thoughts on Old Age, R. Kastenbaum (ed.). Springer, New York.

Leviton, D. 1977a. Death education. In New Meanings of Death, H. Feifel (ed.). McGraw-Hill, New York.

Leviton, D. 1977b. The scope of death education. Death Education 1(1):41-56.

Leviton, D. and Fretz, B. 1978. Effects of death education on fear of death and attitudes toward death and life. Omega 9:267-277.

Lidz, Theodore. 1968. The Person. Basic Books, Inc., New York.

Linden, M. E. 1957. Effects of social attitudes on the mental health of aging. Geriatrics 12:109-115.

Lonetto, R.; Fleming, S.; and Mercer, G. W. 1979. The structure of death anxiety: A factor analytic study. Journal of Personality Assessments 43(4):388-392.

Lynch, J. H. 1976. The contexts of death imagery: An investigation of suggested categorical dictinctions among twenty-five death-associated images. Unpublished Doctoral Dissertation, University of Oregon.

MacDonald, A. P. 1971. Relation of birth order to mortality types and attitudes toward the poor. Psychological Reports 29(3): Pt. I:732.

McClure, R. F. 1971. Birth order, income, sex, and school related attitudes. Journal of Experimental Education 39:73-74.

McClusky, H. Y. 1975. Education for Aging: The scope of the field and perspectives for the future. In Learning for Aging, S. Grabowski and W. D. Mason (eds.), Adult Education Association and ERIC, Washington, DC, 324-355.

McKeachie, W. J. and Doyle, C. L. 1966. Psychology. Addison-Wesley Publishing Co., Reading, MA.

McLendon, G. H. 1979. One teacher's experience with death education for adolescents. Death Education 3(1):57-65.

McMordie, W. R. 1979. Improving measurement of death anxiety. Psychological Reports 44:975-980.

McTavish, D. G. 1971. Perceptions of old people: A review of research methodologies and findings. The Gerontologist 11: 90-101.

Merrill, D. G. and Gunter, L. M. 1969. A study of patient attitudes toward older people. Geriatrics 24:107-112.

Miles, M. S. 1980. The effects of a course on death and grief on nurses' attitudes toward dying patients and death. Death Education 4:245-260.

Moody, R. 1977. Life after Life: The Investigation of a Phenomenon: Survival of Bodily Death. Stackpole Books, Harrisburg, Penn.

Murray, P. 1974. Death education and its effect on the anxiety level of nurses. Psychological Reports 35:1250.

Nelson, L. and Nelson, C. 1975. A factor analytic inquiry into the multi-dimensionality of death anxiety. Omega 6:171-178.

Neugarten, B. L. and Gutman, D. L. 1958. Age-sex roles and personality in middle age: A thematic apperception study. Psychological Monographs 72:470.

Newfield, K. P. 1971. Orientation to later maturity: The wishes and the expectations of employed men in their post-65 years. The Gerontologist 11(3):50.

Noland, M.; Richardson, G. E.; and Bray, R. M. 1950. The systematic development and efficacy of a death education unit for ninth-grade girls. Death Education 4:43-59.

Palmore, E. 1969. Sociological aspects of aging. In Behavior and Adaptation in Later Life, E. W. Busse and E. Pfeiffer (eds.). Little-Brown, Boston.

Pandey, R. E. and Templer, D. I. 1972. Use of a death anxiety scale in an interracial setting. Omega 3(2):127-130.

Perkes, A. C. and Schildt, R. 1979. Death related attitudes of adolescent males and females. Death Education 2:359-368.

Perril, L. S. 1963. The analytical study of attitudes toward aging and the aged. The Gerontologist 3(3):34.

Pinder, M. M. and Hayslip, B. 1981. Cognitive, attitudinal, and affective aspects of death and dying in adulthood: Implications for care providers. Educational Gerontology 6:107-123.

Porter, K. and O'Connor, N. 1978. Changing attitudes of university students to old age. Educational Gerontology 3:139-148.

Riley, J. W. 1968. Death and bereavement. International Encyclopedia of Social Sciences 4:24.

Rosenberg, M. 1965. Society and the Adolescent Self-Image. Princeton University Press, Princeton.

Rosencranz, H. and McNevin, T. 1969. A factor analysis of attitudes toward the aged. The Gerontologist 9:55-59.

Rosow, I. 1962. Old age: One moral dilemma of an affluent society. The Gerontologist 2:182-191.

Ross, R. F. and Freitag, C. 1976. A comparison of adolescent and adult attitudes toward the aged. Educational Gerontology 1(3): 291-295.

Salter, C. A. and Salter, C. de L. 1976. Attitudes toward aging and behaviors toward the elderly among young people as a function of death anxiety. The Gerontologist 16(3):232-236.

Searle, S. R. 1971. Linear Models. John Wiley and Sons, New York.

Sherif, C. W.; Sherif, M.; and Nebergall, R. E. 1965. Attitude and Attitude Change: The Social Judgement-Involvement Approach. Philadelphia.

Silverman, I. 1966. Response-set bias and predictive validity associated with Kogan's attitudes toward old people scale. Journal of Gerontology 21:86-88.

Simpson, M. A. 1975. The do-it-yourself death certificate in evoking and estimating student attitudes toward death. Journal of Medical Education 50:475-478.

Sizer, L. M. and Porter, W. F. 1960. The relation of knowledge to the adoption of recommended practices. Bulletin No. 446, Agricultural Experiment Station, Morgantown, West Virginia.

Tammarino, N. K. 1975. Relationship between death anxiety and demographic variables. Psychological Reports 37:262.

Templer, D. I. 1970. The construction and validation of a death anxiety scale. The Journal of General Psychology 82:165-177.

Templer, D. I.; Ruff, C. F.; and Franks, C. M. 1971. Death anxiety: Age, sex, and parental resemblance in diverse populations. Developmental Psychology 4:108.

Thomas, E. C. and Yamamoto, K. 1975. Attitudes toward age: An exploration in school-age children. International Journal of Aging and Human Development 6(2):117-129.

Thorson, J. A. 1975a. Attitudes toward the aged as a function of race and social class. The Gerontologist 15(4):343-344.

Thorson, J. A. 1975b. Variations in attitude toward age as a function of educational level. Paper presented to Adult Education Research Conference.

Thorson, J. A.; Whatley, L.; and Hancock, K. 1974. Attitudes toward the aged as a function of age and education. The Gerontologist 14:316-318.

Thurstone, L. L. 1946. Comment. American Journal of Sociology 52: 39-40.

Trent, C.; Glass, J. C., Jr.; and Crockett, J. 1979. Changing adolescent 4-H Club members' attitudes toward the aged. Educational Gerontologist 4(1):33-49.

Trent, C.; Glass, J. C., Jr.; and McGee, A. 1981. The impact of a workshop on death and dying on death anxiety, life satisfaction, and locus of control among middle-aged and older adults. Death Education 5(2):157-173.

Triandis, H. C. 1971. Attitude and Attitude Change. John Wiley and Sons, New York.

Troll, L. E. and Schlossberg, N. 1970. A preliminary investigation of 'age bias' in helping professions. The Gerontologist 10(3): 46.

Troxler, A. J. 1971. Intergenerational differences in attitudes toward old people. The Gerontologist 11(3):34.

Tuckman, J. and Lorge, I. 1952a. Attitudes toward old workers. Journal of Applied Psychology 36:149-153.

Tuckman, J. and Lorge, I. 1952b. The influence of a course on psychology of the adult on attitudes toward old people and older workers. Journal of Educational Psychology 43:400-407.

Tuckman, J. and Lorge, I. 1953. Attitudes toward old people. Journal of Social Psychology 37:249-260.

Tuckman, J. and Lorge, I. 1954. The influence of changed directions on stereotypes about aging: Before and after instruction. Educational and Psychological Measurement 14:128-132.

Tuckman, J. and Lorge, I. 1956. Perceptual stereotypes about life adjustment. Journal of Social Psychology 43:239-245.

Tuckman, J. and Lorge, I. 1958a. Attitudes toward aging of individuals with experiences with the aged. Journal of Genetic Psychology 92:199-204.

Tuckman, J. and Lorge, I. 1958b. The projection of personal symptoms into stereotypes about aging. Journal of Gerontology 13:70-73.

Tuckman, J.; Lorge, I.; and Spooner, G. A. 1953. The effect of family environment on attitudes toward old people people and the older worker. Journal of Social Psychology 38:208-218.

Watts, P. 1977. Evaluation of death attitude change resulting from a death education instructional unit. Death Education 1:187-193.

Wilkening, H. E. 1973. The Psychology Alamanac: A Handbook for Students. Brooks/Cole Publishing Co., Monterey, California.

Wolk, R. L. and Wolk, R. B. 1971. Professional workers' attitudes toward the aged. Geriatric Society 19:624-639.

APPENDICES

Appendix A. Leader's Guide to the Lesson Series

SESSION I

How Do You View Death?

Aim:

To help students:

(1) Understand some of the feelings and attitudes regarding death and dying prevalent in today's society.

(2) Examine their own feelings and attitudes regarding death and dying.

Resources Needed:

Cassette tape player
Cassette tape with songs about death
Information Sheet 1, "Songs about Death"
Questionnaires about death and dying
Manila envelope

Room Arrangement:

If possible, the room should be arranged with chairs around tables or in a semi-circle, in order to encourage discussion. Throughout the room, place pictures which suggest "death and dying" (cemeteries, funerals, automobile wrecks, battlefield scenes, etc.).
As students enter the room, have background music playing from the cassette tape that will be used in activity B.

Teaching Plans for Session:

A. Introduction (20 minutes)

The two-week study might be introduced in this manner:

"For the next ten class sessions we will be studying the topic of death and dying. While this is not an issue that most of us like to talk about, it is an area which all of us must face during some time in our lives--whether it be our death or that of a person close to us. We will have an opportunity to learn about many different facets of the 'death experience.' We will be able to interact with others about our feelings and experiences. We will look at some positive alternatives which should help us as we have to deal with death and dying.

"This unit of study was developed at North Carolina State University as an attempt to help senior highs become better informed about death and be better able to cope with it. In an effort to determine if these lessons are effective, we need your help in filling out some forms. These are not tests and will not affect your grade, but they are a means by which we can see if the learning experiences have any effect on what we think about death and dying and how we view older people. These forms will give us an understanding of what individuals feel about life and death and various factors related to life and death. Some parts of these forms will be administered again at the end of our study and the results will be compared with the first session to see what changes have occurred.

"At the end of the study, we need to be able to identify each person's forms and keep them together. You can help this process if you will put your phone number or birth date, but not your name, on the first page. You will be asked to do the same at the end of the course, so be sure to remember what number you used. There will never be any attempt to try to identify any of this information with a particular name. This is only a way to keep the proper information grouped together. Please be sure to answer all parts of the forms."

Administer the forms to all the students. Before they hand them in, urge them to check and see if they have answered all questions and if they put their phone number or birth date on the first page. Place the finished forms in a large manilla envelope.

When all the forms are in, give each student a copy of Information Sheet 1, "Songs About Death."

B. Music Activity (10 minutes)

"Music is very revealing. It reflects the pleasures, anxieties, concerns, problems, and doubts of people. Listen to the following songs about death and follow the words on the information sheet. While you are listening, think about these questions:

1. How is death pictured in these songs?
2. Do you agree with the images of death portrayed here? Why or why not?"

C. Discussion Activity (15 minutes)

Following the presentation of the songs, conduct a general discussion on the two questions. Spend a brief amount of

time on question one, but spend a greater amount of time with the second question. The purpose of this portion of the session is to help the group members to verbalize and examine their own thoughts and feelings regarding death and dying. For many individuals, this may be the first time they have tried to put their thoughts into words for other persons. Some other questions which may help this discussion are:

1. How do you view death? What is the meaning of death for you?
2. What do you think has most influenced your views about death?
3. Why do you think people fear death?
4. What do you fear most about death?

You may not be able to deal with all of these questions because of time limitations. Use those which seem most appropriate within the time constraints you face.

D. Death Philosophy (5 minutes)

The following statement might be helpful in closing this session:

"For the last few minutes we have really been discussing what might be called our own philosophies regarding death. Dr. Venus Bluestein, who teaches death education courses at the University of Chicago, has a very brief statement regarding her own philosophy about death. I wonder how you react to her thoughts:

'My own orientation is, to put it quite briefly, that death education helps one to live this life more fully and meaningfully. When one accepts that he will die, that his life is finite, that he cannot choose how and when he will die, but that he can choose how he will live--he gains a different perspective on life; relationships take on a new meaning; one develops a different set of priorities; one constantly questions--how do I wish to spend my life? What are the really important things?'"

(1) Do attitudes about death have an effect on how one views life?

(2) Do attitudes about life have an effect on how one views death?

Very little time needs to be spent on discussion of these questions. They are really more for reflection than discussion.

E. Assignment

Ask the students to find pictures, quotes, articles, and advertisements that indicate something about current practices and attitudes pertaining to death and dying and to bring them to the next class.

INFORMATION SHEET 1

SONGS ABOUT DEATH

"Mortality"
Composed by Daniel Reed

Death, like an overflowing stream
Sweeps us away.
Our life's a dream,
An empty tale,
A morning flower
Cut down and withered in an hour.

"It's Not My Time to Go"
Sung by Dan Hicks

The morning comes with
such pain, but it's nothing
like
The dose I get when it's
night
And I can't help but
wondering just what it is,
Ain't I living my life right
The cigarettes I'm smoking
don't realize, nor does
The glass from which
I drink
For how are they to know
just, just what it is to
Be a man about to sink
Ooooh no—it's not my time
to go
Ooooh no—before I go I've
got to show . . . something
The light keeps getting
dimmer, but what's that
to me?
The morning comes with
each night
A voice keeps callin' my
name so loud and so clear
I'll pretend I'm not here
Ooooh no—it's not my time
to go
Ooooh no—before I go I've
got to show . . . (continued)

No I can't go yet, no, I've
something to do
And it might take a bit
more time
The time it takes to get up
and walk out the door
And see the world as before
Ooooh no—it's not my time
to go
Ooooh no—before I go I've
got to show . . . something.

"O Death, Where Is Thy Sting?"
From: "The Messiah" by G. F. Handel

O death, O death, where, where is thy sting?
O death, where is thy sting?
O grave, where is thy victory? O grave!
O death, O death, where, where is thy sting?
where, O grave, where is thy victory?
O death, where is thy sting?
O grave, O grave, where is thy victory?
O grave, where is thy victory?
The sting of death is sin,
the sting of death is sin,
and the strength of sin is the law,
the sting of death is sin, and the strength of sin
is the law.

"Little Ditches"
Written and sung by Mike Cross

My poppa was a tombstone grinder,
My momma drove the hearse through the town.
My sister used to spread around the flowers,
While my brother helped to let the bodies down.
Most families like to groove on living,
But ours was just the other way around, cause we

We earned our riches
Puttin' folks in little ditches,
Six feet under the ground,
Six feet under the ground.

Now daddy looked just like an old church deacon,
But underneath he really was a clown.
He'd say, folks are just dyin' for our service,
God knows we'll be the last to let 'em down.
Yes, we're in a grave and gruesome business,
But you can't just leave dead bodies just layin' around, so we

(continued)

We earned our riches,
Puttin folks in little ditches,
Six feet under the ground,
Six feet under the ground.

Momma loved to hear that organ playin',
And she cried just like she meant it every time.
And she always seemed to pick the perfect moment,
To pass that white silk hankie down the line,
pass it down the line.
You know, she found some good in almost everybody,
Whether they were hell or heaven bound, and we

We earned our riches
Puttin' folks in little ditches,
Six feet under the ground, yes we did,
Six feet under the ground, can you dig it,
Six feet under the ground.

"And When I Die"
Sung by: Blood, Sweat, and Tears, Columbia Records
I'm not scared of dying,
And I don't really care.
If it's peace you find in dying,
Well, then, let the time be near.

If it's peace you find in dying,
And if dying time is near,
Just bundle up my coffin,
Cause it's cold way down there.

I hear that it's cold way down there.
Yeah, crazy cold way down there.
And when I die,
And when I'm gone,
There'll be one child born, in this world,
To carry on, To carry on.

Now troubles are many.
They're as deep as a well.
I can swear there ain't no heaven.
But I pray there ain't no hell.

Swear there ain't no heaven,
And I pray there ain't no hell.
But I'll never know by living,
Only by dying will tell.

Yes, only by dying will tell.
Yeah, only my dying will tell.

(continued)

And when I die,
And when I'm gone,
There'll be one child born, in this world,
To carry on, To carry on. Yeah. Yeah.

Give me my freedom,
For as long as I be.
All I ask of living,
Is to have no chains on me.

All I ask of living,
Is to have no chains on me.
And all I ask of dying,
Is to go naturally.

Oh, I'm going to go naturally.
Here I go. Ha. Hay. Hay.
Here comes the devil.
Right behind.

Look out children!
Here he comes.
Here he comes. Hey.

Don't want to go by the devil.
Don't want to go by a demon.
Don't want to go by Satan.
Don't want to die uneasy.

Just let me go naturally.
And when I die,
And when I'm gone,
There'll be one child born, in a world,
To carry on, To carry on.
Yeah. Yeah.

SESSION II

Attitudes Toward Death

Aim:

To help students:

(1) Understand some of the feelings and attitudes regarding death and dying prevalent in today's society and reasons for their development.

(2) Examine their own feelings and attitudes regarding death and dying.

Resources Needed:

Butcher paper or newsprint
Masking tape
Rubber cement
Crayons/felt-tipped markers
Magazines/newspapers
Scissors

Room Arrangement:

Using the butcher paper or newsprint, cover one wall (or more if needed) to form the backdrop for a mural. The masking tape, rubber cement, crayons, markers, scissors, magazines and newspapers should be laid out on tables or desks for easy access by the students. The tables and chairs and/or desks should be arranged in a semi-circle (if possible) facing the mural in order to encourage discussion.

Teaching Plans for Session:

A. Mural (15 minutes)

As the students enter the room, have them begin putting their pictures, quotes, articles and advertisements on the butcher paper or newsprint to form a mural. If any of the students have forgotten to bring in their pictures, etc., have them go through the magazines and newspapers so they may contribute to the mural. You may wish to use the music tape from the previous session for background music during this activity.

B. Discussion of Mural (20 minutes)

After the students finish the mural, the discussion may be introduced in the following manner:

"Today's society has many varying attitudes and images of death and dying. What attitudes and images are represented in our mural?"

List the attitudes and images on newsprint. This list could be displayed with the mural for the remainder of the study. After compiling the list, have the students briefly consider and discuss the following questions:

(1) Which of these attitudes and images of death and dying can be seen as positive? Which are negative?

(2) Are there some other attitudes and images found within society today which we have not illustrated in our mural?

(3) How do these attitudes and images correspond with your own attitudes? Do you agree with any of them? Disagree?

C. Discussion of Synonyms for Death (15 minutes)

The next activity might be introduced in the following way:

"The avoidance of the topic of death in America has been well documented. Many people do not feel comfortable using the words 'dead' or 'dying'. American society has developed many phrases which are used to replace these words in conversation. See how many of these synonyms you can list."

List the synonyms on the blackboard or on newsprint. The list need not be exhaustive but representative of the words and phrases used to replace "dead", "death" and "dying". After completing the list, briefly discuss the following questions:

(1) Why do individuals avoid the topic of death?

(2) What conditions in modern American society have contributed to this avoidance?

D. Topic for Next Session

For the next session ask the students to reflect on how they would respond to the death of a close family member.

SESSION III

Attitudes Toward Death

Aim:

To help students:

(1) Examine their own feelings and attitudes regarding death and dying.

(2) Understand that the meaning life has for an individual is related to the meaning death holds for that individual.

Resources Needed:

Filmstrip, "Walk in the World for Me"
Filmstrip projector, screen
Information Sheet 2, "Death Ceremonies"

Room Arrangement

The filmstrip projector and screen should be set up and ready for use.

Teaching Plans for Session:

A. Show Filmstrip, "Walk in the World for Me" (25 minutes)

Introduce the filmstrip to the class. The following statements might be used:

"Last session we looked at society's attitudes toward death and dying. In this session, we will consider the attitudes exhibited by one family as they deal with the illness and death of a family member. In this filmstrip, Doris Lund, author of the book Eric, offers us a powerful experience with death honestly met and endured. Through her spoken commentary and a sensitive photo-essay, Mrs. Lund recreates her son Eric's five-year struggle against leukemia. As you view this filmstrip, keep these questions in mind:

(1) What attitudes about death are presented in the filmstrip?

(2) Do you feel most families would respond as the family in the filmstrip? Why or why not?

(3) How are the attitudes in the filmstrip similar to those which were identified in the mural? How are they different?

(4) How do the philosophy and values presented here speak to you and your own values?

These questions should already be on newsprint and should be referred to as they are shared with the group.

B. Discussion of Filmstrip (25 minutes)

The remaining time should be spent in discussion of the above questions. When discussing question 2, you can refer to the list of attitudes and images compiled during the previous session. If there is any time remaining, the class might discuss the following:

What attitudes toward life did Eric have and how did they affect the way he faced death?

C. Assignment

Hand out Information Sheet 2, "Death Ceremonies," and ask the students to read it before the next session.

SESSION IV

Customs Surrounding Death--Around the World

Aim:

To help students:

(1) Recognize the universal human need for symbolic rituals in dealing with death.

(2) Understand that the customs and rituals surrounding death reveal an individual's or society's philosophy about death.

Resources Needed:

Newsprint, felt markers, and masking tape
Chalkboard, chalk, and eraser
Slides, "Cross-Cultural Aspects of Death"
Slide projector, screen
Cassette tape player
Information Sheet 2, "Death Ceremonies"
List of questions on newsprint

Room Arrangement:

The slide projector, cassette tape player, and screen should be set up and ready for use.

Teaching Plans for Session:

A. Slides on "Cross-Cultural Aspects of Death" (30 minutes)

The first activity might be introduced in the following manner:

"Much of what we believe and do in life is remembered, symbolized, and honored in the ways we end life and bury the dead. This is true for people throughout the world. Burial practices are common to all human groups. A comparative study of these practices and customs will help us increase our understanding of our own customs and our own need to express our feelings and concerns through ritual.

"By looking at the ways in which diverse cultures dispose of the dead, we can learn much about the goals and worth that life holds for those still living. In addition to what burial customs tell us about what is important to those who are alive, a study of death customs is important because it is a subject of universal interest and, yet, most of us know little about it. By comparing various practices associated with death, we can better understand the values and reasons behind the events surrounding the end of the life cycle.*

"You have read Information Sheet 2, 'Death Ceremonies', which was handed out at the last class. We would now like to view some slides on customs around the world. As you view the slides, keep in mind the following questions:

(1) What similarities did you see among the various cultures? What differences? What information can you give for these similarities and differences?

(2) What needs do people seem to have when a person dies?

(3) What are the purposes of the ceremonies before the burial or cremation of the body?

(4) What do these customs and rituals say about how persons view life and death?"

These questions should already be on newsprint and should be referred to as they are shared with the group.

View the slides.

B. Discussion of Slides (20 minutes)

Divide the class in four groups. Assign one question to each small group. Work in the small groups about 10 minutes and then come together in a total group for a time of reporting and total group discussion of the ideas presented. The major ideas might be recorded on newsprint or chalkboard and saved for reference in the next session. If time allows, the following question might be useful in the current discussion:

> Which of the customs illustrated in the slides illustrates points of view similar to those found in Information Sheet 2, "Philosophies of Death?"

---

*"Death a Part of Life," Center for Teaching International Relations, University of Denver, Denver, Colorado, p. i, 1976.

C. Assignment for Next Session

Ask the class members to make a list of the practices and customs (example: visiting families, sending flowers, etc.) which surround a death in their community, and to bring this list to class. Encourage them to interview an adult or two in an effort to make the list as complete as possible.

INFORMATION SHEET 2

DEATH CEREMONIES*

The Kotas

The Kotas are a people who live in seven small villages which are interspersed among the villages of their neighbors on a high plateau, the Nilgiri Hills, in South India. The height and inaccessibility of the plateau formerly isolated the tribal peoples who lived on it from the main currents of Indian civilization.

The Kotas observe two funeral ceremonies: the first, called the "Green Funeral," takes place shortly after a death and it is then that the body is cremated; the second, called the "Dry Funeral," is held once a year (or once in two years) for all the deaths that have occurred since the last Dry Funeral was celebrated. The terms are an analogy to a cut plant. At the first funeral, the loss is green and fresh in the mind; at the second, it is dried out, sere.

At the first funeral, a bit of skull bone is taken from the ashes of the pyre and reverently cached away until the second funeral. The Dry Funeral extends over eleven days and comes to a climax when each relic from the year's deaths is carried off to the cremation ground and, after complex ritual acts, the relics are recremated. The first funeral is attended by the close relatives and friends of the deceased. The second funeral is a grand occasion, attended by people from all the Kota villages and by non-Kotas as well.

The emphasis of the funeral ritual is much more on speeding the departure of the spirit from this world than it is on the "Motherland" beyond. Kotas are not much interested in the other world and have only sketchy ideas about it. They are quite precise about the purification which the spirit and the surviving kin must undergo in order that the spirit may depart for good.

Among the Kotas, as among many of the peoples of India, contact with death is considered to be deeply polluting. A polluted person is debarred from normal social relations until he has been purified by a proper and protracted ritual. The spirit of the dead person, too, is polluted in leaving the body, and the dual funeral rites purify the spirit so that it may take up proper relations in the afterworld.

---

*From Mandelbaum, David G., "Social Uses of Funeral Rites." In Herman Feifel, The Meaning of Death. New York: McGraw-Hill Book Co., 1959.

Between the time of the body's last breath and the climactic end of the Dry Funeral, the lingering spirit is dangerous to men, especially to the deceased's closest kin. The climax comes when a pot is smashed, at the proper ritual juncture, in the cremation ground beyond the village. At that signal all who have attended the ceremony --that is to say, most of the villagers and many visitors--run back to the village without looking behind them. The living go one way, the dead another.

The Cocopas

The Cocopa, who lived mainly along what is now the Arizona-Sonora border, practiced some agriculture, but depended largely on hunting and gathering. Theirs was a relatively simple culture; they possessed few goods, they conducted few ceremonies. The whole tribe, in the late nineteenth century, consisted of some twelve hundred people, scattered in small settlements. People from several settlements might come together for a harvest fiesta, but many more would gather for the occasion of a mourning ceremony. The death ceremonies were the principal religious and social events of the tribe.

Soon after a death, the mourning members of the family became transported into an ecstasy of violent grief behavior. They cried, wailed, and screamed from the time of the death, without much interruption, for twenty-four hours or more until the body was cremated. The cremation ritual was directed mainly at inducting the spirit of the dead person to go on to the afterworld. To help persuade the spirit to depart, clothes, food, and equipment were destroyed so that the spirit could have these things in the hereafter.

Some time after the cremation, a Cocopa family would give a mourning ceremony to commemorate its dead. Then a large part of the tribe would gather, there would be speeches and lamentations for the dead. At all other times, the names of the dead could not be mentioned; at this mourning ceremony dead relatives were recalled publicly, summoned to mingle with the assembled tribesmen, and impersonated by men and women dressed in ceremonial costumes to resemble specific deceased persons. Presents were given to visitors, and valuable goods, including a ceremonial house and the ceremonial costumes, were burned for the benefit of the spirits.

The Hopi

The Hopi are one of the Pueblo tribes of Arizona. They are agriculturalists and follow a highly ritualized complex way of life. Funeral rites are held in the old tradition which minimizes the whole event of death and funerals.

The Hopi do not like the idea of death and they are afraid of the newly dead. Their funeral rites are small, private affairs, quickly

over and best forgotten. Those who are bereaved may well feel the pain of loss as deeply as do mourners in any society, but they give themselves over to no overt transport of grief of the kind expected of mourners among the Cocopa, Kotas, and in many other societies. The Hopi cherish the middle way: they seek to avoid excess of any kind; their most desirable universe is one in which all is measured, deliberate, and under control. Weeping may be unavoidable, but it is not encouraged, for any cause. If one must weep--Hopi parents have told their children--it is best to weep alone, outside the village, where no one can see.

As soon as a death occurs in a family, the women of the household do lament; they cry a bit and speak of their loss. But there is no formal wailing nor is there a public gathering. The body is quickly prepared for burial and put into its grave as soon as possible. A woman relative washes the head; prayer feathers and a cotton mask are put on the corpse; it is wrapped and carried off straightway by the men of the household.

As with the Kotas and many other peoples of the world, contact with death brings pollution. Before persons who are thus polluted can resume normal relations with men and with the gods, they must divest themselves of the taint. Hence, on their return from the burying ground, the members of the household purify themselves ritually. The next morning a male relative of the deceased puts meal and prayer sticks on the new grave, prays for rain--a central good of Hopi life--and asks the spirit not to return to the village. To ensure the departure of the deceased, the relative symbolically closes the trail back to the village by drawing charcoal lines across it. When he comes back to the bereaved household, all wash their hair and purify themselves in pinon smoke. "They should then try to forget the deceased and continue with life as usual."

The spirit is believed to rise from the grave on the fourth morning and to follow the path to the land of the dead, somewhat in the general area of the Grand Canyon. It then becomes one of the great assembly of supernaturals. With these the Hopi are greatly concerned. The supernatural spirits are continually invoked; they are frequently asked for blessings; they come to the villages on ceremonial occasions. But the spirits are not Hopi; they are a different class of being and Hopi culture provides rules and means for dealing with them. The spirits are depersonalized entities; they do not have the characteristics of deceased friends and relatives. The Hopi go to great lengths to make sure that the dichotomy of quick and dead is sharp and clear. Many rites having to do with spirits conclude with a ritual device which breaks off contact between mortals and spirits.

SESSION V

Customs Surrounding Death--In America

Aim:

To help students:

(1) Understand some of the motives underlying cultural practices surrounding death in the United States.

(2) Understand that the customs and rituals surrounding death reveal an individual's or society's philosophy about death.

Resources Needed:

Newsprint, felt marker, and masking tape
Chalkboard, chalk, and eraser
Information Sheet 3, "The Funeral"
Questions in activity A recorded on newsprint or chalkboard

Teaching Plans for Session:

A. Listing of "Death Customs" Activity (15 minutes)

Divide the class into discussion groups of four to five persons. Have each group select a recorder and a reporter (these can be the same person). Have the assignment written on newsprint or chalkboard:

> List as many customs and practices surrounding death in the USA as you can in 10 minutes.

B. Total Group Discussion (25 minutes)

After the small group discussions, have each group, in turn, to report only one custom or practice in order that each group will be able to make a contribution to the discussion. Repeat the process until all the customs have been reported. List the customs on newsprint or chalkboard. If the students are not able to list many customs, you might be prepared to add some to the list. Once the listing is completed, lead the total class in a discussion. The following questions can guide the discussion:

(1) What purposes do these practices and customs serve? Elaborate.

(2) Thinking back to our discussion of other cultures in the last session, do our American customs serve the same or different needs as those practiced by other cultures? Explain.

(3) What do our customs say about how we view life and death?

(4) Do any of our customs illustrate points of view similar to any of those found in Information Sheet 2, "Death Ceremonies?" If so, which ones?

(5) Do any of our customs need changing or are some new ones needed? Elaborate.

C. Closing the Session (5 minutes)

Some closure might be brought to this session by asking the students to deal with this question for a few minutes:

> For the last two days we have been looking at how people respond to death, both around the world and in America. If you had to summarize what you think you've really learned from this study, what would it be? Are there any real insights that have "hit you" in this discussion about death practices?

This discussion need not be long. This experience provides the opportunity for a few persons to try to verbalize what they think they have learned from this two-day study. This exercise should help all students "pull together" a few key ideas.

D. Handouts for Next Session (5 minutes)

Give class members Information Sheet 3, "The Funeral," and ask them to read it by next class.

SESSION VI

Customs Surrounding Death--The Funeral

Aim:

To help students:

(1) Understand the structure and process of the funeral as it is expressed in society.

(2) Increase their knowledge and understanding of the functions and purposes of the funeral.

(3) Consider the meaning and purpose of the funeral for them.

Resources Needed:

Information Sheet 3, "The Funeral"
Short lecture on "The Funeral as a Process of Events"
Information Sheet 4, "The Stages of Death and Dying"

Teaching Plans for Session:

A. Presentation on "The Funeral as a Process of Events" (10 minutes)

The first activity might be introduced in the following manner:

"In the past two sessions we have been looking at various customs which surround the death experience. We've looked at customs in other cultures and we have spent some time looking at American customs. In all we've looked at the the funeral as a very important place in the total death experience. Today we want to spend some time taking a close look at the funeral--its structure and the purposes it serves. To begin our thinking, I'd like to review for you the various parts of the funeral as expressed by the writer of the handout you were given when we last met."

At this point you would give a short lecture on the section "The Funeral as a Process of Events" found on pages 3-4 in Information Sheet 3, "The Funeral." Of course, you would paraphrase the ideas, but help the students understand what is involved in the "five basic events" of the funeral.

After the presentation, you might ask the students for any questions or any feelings or observations they might have regarding any or all of the "five basic events."

B. Small Group Work on Information Sheet 3, "The Funeral" (20 minutes)

Divide the class into small groups of four to five persons. Have half the groups to look at the material in the section "Functions and Purposes of the Funeral," Information Sheet 3, "The Funeral" (pages 4-6). Ask the other groups to be responsible for the material found in the section "Social, Psychological, and Theological Functions" of the same Information Sheet. Each group will discuss their content with these questions as a guide:

(1) What are the key ideas in this section regarding the purposes and functions of the funeral?

(2) Do you feel these functions are useful to persons within a society? Why or why not?

Ask each group to get a recorder.

C. Total Group Discussion (20 minutes)

After about 20 minutes, bring the total group back together. Ask which recorder from the "Functions and Purposes of the Funeral" groups will share his/her group's thinking first. The recorder should only report on question 1. After his/her report, ask if any of the other groups which had that section of Information Sheet 3 have anything to add to the "key ideas." Once the other recorders have had an opportunity to add any ideas, then ask the entire class how they feel about question number 2.

Repeat the reporting process with the groups which looked at the "Social, Psychological, and Theological Functions" section: Get a recorder to share the group's thinking, ask if other groups have anything to add, and then the total group to respond about the usefulness of the funeral functions. As group leader, you will need to watch the time in this activity so that each section of Information Sheet 3 will get about half of the discussion time. It may be hard to cut off this discussion.

D. Assignment for Next Session

Inform the group that next time they will be examining the stages of death and dying that persons seem to go through as they face the prospect of death. Hand out Information Sheet 4, "The Stages of Death and Dying," and ask them to read it for the next class.

INFORMATION SHEET 3

THE FUNERAL

Much has been written about the funeral, and there is currently a great deal being written about it. We shall try here to present some of the fundamental ideas and issues related to the funeral as a rite in our present-day society.

The first issue discussed is the question "What is a funeral?" There are many definitions, and one will be examined more closely than others. The funeral will be examined as a process, or a series of highly related events. The funeral must be meeting some very important human needs, which is the focus of the next session, i.e., functions and purposes. Related to the idea of function is the question of value. A short section setting forth an idea on how to determine the worth of a funeral is presented. Then the social, psychological, and theological functions of the funeral are briefly discussed. The funeral is not "the only way" to do things, as a brief discussion on alternatives to the funeral indicates. The final section presents some ideas about what the future may hold regarding society and the viability of the funeral.

WHAT IS A FUNERAL?

As far removed from death as many of us seem to be, to ask "What is a funeral?" is neither purely academic nor facetious. That question has been asked and answered millions of times ever since time began. It is not our purpose here to chart the historical development of a definition. But, it was only in recent decades that a west-coast psychiatrist developed and published a definition. William M. Lamers, Jr., wrote:

> "A funeral is an organized, purposeful, time-limited, flexible, group-centered response to death." (Lamers, W. M., Jr., "Funerals Are Good for People--M.D.'s Included." Medical Economics, 46, June 23, 1969, pp. 104-107)

His definition was generally acceptable and has been widely used and quoted. The funeral industry added a little modification to Lamer's definition and in recent years the National Funeral Directors Association of the U. S. adopted the following definition of a funeral:

> "The funeral is an organized, purposeful, time-limited, flexible, group-centered response to death; involving rites and ceremonies during some or all of which, the body of the deceased is present."

Let's examine a bit more closely the elements in the above definition.

When it states that the funeral is ORGANIZED it is referring to the idea that it is influenced by local and regional practices; that religion and religious dogma make a contribution; that the specific needs and wants of the family influence it; and, that a funeral functionary, i.e., funeral director, will also be involved.

The funeral has a PURPOSE, i.e., it is of the dead but for the living; it is to confront, express and share a loss and separation, to act as a vehicle for the expression of grief, and to dispose of a dead human body.

The funeral is TIME-LIMITED, i.e., it is not an open-ended event, it does have a beginning and an end; it imposes a degree of emotional efficiency followed by a mourning process.

The funeral is FLEXIBLE. The service and events will be different according to the age, sex, religion, and station of the deceased; it should be a product of the unique identity of the deceased, also of the relationship of the survivors to the deceased; and it must be able to accommodate any reasonable form of expression.

The funeral is GROUP-CENTERED. Life is not a private event and neither is death. The funeral reaffirms the deceased's relationship to the group of which he/she was a part. Funerals are a group activity, sharing is involved, and therefore, a grief shared is a grief diminished.

The funeral is a RESPONSE TO DEATH, i.e., it responds to the fact of death and does not avoid its reality; the response is immediate and not delayed; and all cultures and peoples have established acceptable and meaningful responses to death.

The funeral has RITES AND CEREMONIES. Rites and ceremonies give verbal and nonverbal expressions to grief and provide safe and healthy means to express anger, anxiety, agression, and guilt, etc. Religious ceremonials and expressions establish man's relationship to his "gods"; and in some religious groups a way is provided that the living can assist the dead in their search for immortality, e.g., "prayers for the dead."

The funeral is conducted WITH THE BODY PRESENT. It is a means of focusing emotions on the subject of the loss; to resolve by confrontation the preoccupation with the image of the deceased; to provide limits to the imagination in cases of long illness or accidental deaths which involve distortion or disfiguration of the body of the deceased; and to deal with reality.

Reality means WHAT IS. It is normal to want to remember someone the way they were, but what must first be resolved is the way they are now--which is dead. Until what is has been resolved, what was will never be remembered without pain.

In light of what has been stated here, and in the multitude of other writings on the funeral, it seems that there are many important dimensions and facets of the funeral. It appears that it cannot be adequately defined in a single sentence. It may be that it can only be defined by the individual in terms of their experience in the phases and functions of their bereavement.

> The word funeral is derived from the Latin funeralis which means a torch-light procession. The funeral appears to be the oldest of all processions.

THE FUNERAL AS A PROCESS OF EVENTS

It may be common to say a funeral is a funeral; and not be able to recognize or differentiate the various component parts that usually fit together so smoothly.

There are five basic events, each of which may be viewed as having its own unique sequence or process.

1) Removal
2) Visitation
3) The Funeral Rite
4) The Procession
5) Committal

Removal. Once a death has occurred and has been officially pronounced, the first event is to remove the body of the deceased from among the living. This happens whether death occurs in a private home, hospital, or whatever.

This is a change from the customs of three or four generations ago. Now, because most deaths occur in hospitals and institutions (70-90%, depending on the area) the family will likely not be present at the time of death. For a number of reasons such as hospital policy, medical service delivery, sanitation, emotional climate, procedures, and laws, it becomes expedient to remove the body from the institution to the mortuary. The body must also be removed from the living to allow for its preparation for the funeral service and other necessary arrangements.

Visitation Period. Generally and simply stated this is the period of time devoted to social intercourse and may or may not have religious functions or connotations. Visiting may be done in a variety of ways; all of which depends upon family wishes, local custom, ethnic background, religious practice, and other significant factors. Visitation includes the viewing of the deceased and expressions of sympathy and condolence to the bereaved. This event may take place in the home of

the deceased, in that of a friend, at the church, in the funeral parlor, a building of state, etc. The duration of visitation is flexible and determined by factors of personal taste, local custom, and status of the deceased, etc.

The Funeral Rite. This may be that part of the funeral that is viewed by the general public as being the total funeral. This is that event wherein rites and rituals are invoked to meet the needs of the bereaved and mourners. There is a common tendency in the U. S. to think of the funeral as that brief time period, approximately thirty to sixty minutes long, when an officiant (religious or lay), reader, or leader will conduct a ceremony that declares that a death has occurred, give testimony to a life that has been lived, and offer some form of hope, condolence, or sympathy and encouragement to the bereaved.

The funeral rite itself may be categorized as religious, or as secular or humanist (devoid or religious content), or contemporary (neither religious nor humanist, maybe both, or a mixture of all of them).

The Procession. This event has its counterpart in nearly every culture and group in recorded history. The procession involves movement from the place of death and/or the place of the final service to the place of final disposition. It has been referred to as "man's last journey." The procession has emotional and psychological symbolic relevance; for it involves the movement of the bereaved to the grave and then away from it signifying firm steps of resolution to continue life without the deceased.

The Committal. This final phase of the funeral process is the act of committing the body to its place of final disposition. This phase of the funeral can often be the most emotional and difficult. This act like none of the others emphasizes the finality of what has happened and what the future may hold. Pastoral counselor-psychologist Paul Irion has stated that the committal that does not commit, in essence, is not a committal at all. Therefore, this final phase should occur at the place of final disposition, and should involve an act of committal.

FUNCTIONS AND PURPOSES OF THE FUNERAL

Death is one of the important occasions in life that call for ceremony to help people understand their significance. The funeral is a ceremony that observes or marks the occurrence of death and fulfills some important functions in this regard.

There are many varieties and types of funerals and they all have their own degree of uniqueness, individuality, and functionality. To all who mourn the funeral enables an emotional outlet for the strong feelings and emotions of the bereaved, as well as an acceptable situation in which to express them. The funeral service enables the bereaved to meet their personal, social, psychological, emotional,

religious, and spiritual needs. Death brings with it many new changes and situations which must be dealt with by those who remain.

It also must be said that there are widely differing viewpoints about the purpose and usefulness of the funeral. Conversation with one's friends, family, or neighbors, will quickly verify this situation; it doesn't demand written documentation.

British anthropologist and author Geoffrey Gorer has expressed his viewpoint and belief that when there is a funeral service people more quickly work through their grief and are more readily restored to their usual or "normal" behavior. On the other hand, when the funeral service is omitted or curtailed--by choice or accident--the grieving person tends to become withdrawn.

There appears to be some basic human needs that are met by this custom or ritual that we call the funeral. Each funeral in its own way serves each grieving individual in their own way; yet all funerals serve a common purpose in meeting the common needs that are the product of sorrow.

The funeral attempts to meet the following types of need:

1) The need for support. Death causes separation from love, security, companionship, and meaningful activity, and can cause despair, depression, and loneliness to occur.

2) The need to give support and care to others. Those who are not mourners or grievers can share their strength, courage, and other resources with those who are.

3) The need to face the reality that death occurred. It is one thing to acknowledge death and another to accept it in fact, emotionally, and realistically.

4) The need to face the future, maintain on-going relationships, and establish new relationships and connections.

5) The need for something useful and meaningful to do while grieving.

6) The need for a personal and/or spiritual outlet. The funeral helps one to focus on life's meaning and to draw on one's spiritual strengths, and to apply the beliefs and teachings of one's religious faith.

7) The need for dignity and worth. The funeral honors the dead and recognizes the bereaved as those whose needs must be met, too.

According to Paul Irion (humanist and reverend):

"It marks with dignity the conclusion of a life and testifies to the life that has been lived as it separates the dead from the living.

"It provides an opportunity for people who have sustained loss to express their feelings in a pattern of symbolic and community acceptable actions.

"It offers an occasion for concerned persons to gather in a context of shared loss to support those who have sustained the greater loss and to assist them in their return to normal social existence." (Paul Irion. A Manual and Guide for Those Who Conduct a Humanist Funeral Service. Baltimore: Waverly Press, Inc., 1971)

Another perspective on the purpose and function of the funeral is provided by Austin H. Kutscher, D.D.S., of the N. Y. State Psychiatric Institute Dental Service, Columbia University, N. Y.; and Lillian G. Kutscher, Publications Editor, The Foundation of Thanatology, New York, N. Y. They have pointed out that when funeral rituals--secular, religious, or humanistic--are acted out that they serve to: reinforce the reality of loss; help to dispel forms of potential pathological denial; present dramatic testimony that a death has occurred; show that a loss has been sustained, that people are mourning that loss, and that these facts cannot be changed.

This period of acute grief permits the realities of loss to fall into a perspective that relates what has been to what is to what will be in the future. The funeral gives the bereaved a kind of "time-out," and some "time-off." The events of the funeral process provide a different-from-normal set of activities as well as relief from the accustomed routines for the bereaved. (O. S. Margolius, ed., et al. Grief and the Meaning of the Funeral. New York: MSS Information Corp., 1975, Intro.)

The quotations cited below provide interesting statements and support for the usefulness of the funeral service:

"The funeral service is psychologically necessary in order to give the opportunity for 'grief work.' The bereaved must be given the capacity to work through this grief if he is to come out of that situation emotionally sound." (Eric Lindemann, Harvard Psychiatrist)

"Mourners should be assisted in their attempts to live with the memory of the deceased; there are several ways in which we give this help. One I believe is through the tasteful showing of the body. I could not bring myself to endorse any sensational display or practices that are not in good taste. However, it can be very helpful for a bereaved family

to see their loved one in repose. Viewing the body is another means by which the situation is focused on reality. Often it is helpful in relieving painful memories of a lingering illness or a terrifying accident. The committal service provides as nothing else does so graphically, a symbolic demonstration that the kind of relationship which existed between the mourner and the deceased is now at an end." (Rev. Paul Irion)

"It took me a long time to discover the values of a funeral ceremony. I had always abhorred and avoided them as pomposities and as a poor way to say good-bye, a needlessly public way of paying one's private last respects. And then, on one especially personal occasion, I suddenly discovered what everyone else had apparently known all along; that funerals are for the living, that they cause us to come together in a way we otherwise never do, to lean on one another, to feel the communality of emotions, to cry together, and yes, to rejoice together, to rejoice in the one who has caused this coming together." (Leonard Bernstein's eulogy for singer Jennie Tourel.)

"I was recently again reminded of how valuable and legitimate a funeral service can be. I accompanied a friend to the funeral of his mother. She had died a chronic and wasting illness and I had been present at her death bed. My friend experienced a deep and profound consolation seeing his mother with the lines of suffering erased from her face and lying in peace." (Dr. Charles W. Wahl, Chief, Psychomatic Service, UCLA)

"The use of private or limited types of funeral services diminishes the opportunity to talk about what has happened and thus curtails sharply the whole purpose of the funeral process. The private funeral service limits the opportunity for talking out and so reduces the healing benefits of the process. Anything that is done at the funeral or in the varied events that surround the ceremony can only be for those who survive and must continue to live with their thoughts, hopes, and apprehensions." (Dr. Edgar Jackson)

For still another interesting point of view about funerals, the book by Jessica Mittford, The American Way of Death (New York: Simon and Schuster, 1963), especially her chapter "Fashions in Funerals," pp. 187-201, will provide it.

SOCIAL, PSYCHOLOGICAL, AND THEOLOGICAL FUNCTIONS

Many of the functions of a funeral can be grouped or categorized into these areas. To look at functions in this manner may help to illustrate the broad utility of the funeral as a continuing social ceremony.

Social Functions

-provide opportunity for the community or group to share the loss and grief with the bereaved.
-express social understanding of the relationship between the bereaved and the deceased.
-facilitate the strengthening of relationships among the living.
-provides for the humane disposal of the dead, maintains the dignity of both the dead and the living.

Psychological-Emotional Functions

-reinforce the reality of death.
-provide meaningful memory and understanding of the deceased for the living.
-encourage the freedom to develop new human relationships without violating the integrity of the relationship with the deceased.
-provide the opportunity for the meaningful release of authentic feelings; helps dispel potential pathologies.
-provides a transition out of grief and reminds us that life must go on.

Religious (Theological) Functions

-enable the bereaved to be meaningfully related to their religious resources.
-help the bereaved to develop and/or improve their understanding of the meaning of life and death.
-assist the bereaved to more fully intellectually, emotionally, and spiritually understand the nature of man and the purpose of mortality.
-provides opportunities for spiritual growth, insight and personal growth.

THE VALUE OF A FUNERAL

When considering the functions and purposes of funerals in general, or of any specific funeral, it is not uncommon to also consider the question "Was it worth it?" or "What value did it have?" It has been easy to try to arrive at answers to such questions, especially by the critics of funeral practices, by describing the worth of a funeral in terms of economics or its dollar costs. It is not difficult to add up the bills for a funeral and consider the final total sum. And, whatever the size of that figure, one could say that that amount was whatever, e.g.--insignificant, a very great amount, not too bad, manageable, a burden, etc. It could be any one of those things depending upon other factors, e.g., available resources, ability to pay, values, willingness to sacrifice, etc.

There seems to be another way to arrive at the value or worth of a funeral. A funeral's value could be determined on the criteria of how well it performed its functions, i.e., in terms of acting as a means for the meaningful expression of grief, and how well it functioned in

meeting the social, psycho-emotional, and spiritual needs of the bereaved. Thus, if a funeral performed in meeting the above needs of the bereaved, it would be a valuable or worthwhile funeral regardless of how much or how little it cost. And, in the same way a funeral that failed to meet and satisfy those needs would be of no value or worthless regardless of its cost.

This may be a way to emphasize human values and needs as being of more worth and value than the dollar.

ALTERNATIVES TO THE FUNERAL

It has already been stated that we live in a society that encourages and tolerates diversity; and that in regard to the funeral there is an equally diverse range of attitudes, feelings, and opinions, i.e., what is acceptable, desirable, proper, and "the right way to do things."

It may be that some individuals and families feel that a funeral service is just not for them. Sometimes the preference may take the form of "We don't want a funeral," "Funerals are morbid," "Funerals are unchristian or barbaric," "Funerals are too expensive," "We don't believe in body worship," "We can intellectualize our feelings and emotions," "We want to get it over with as soon as we can," or "Our grief is private, no one feels about the deceased like we do." The idea is that not everyone feels the same about how their dead should be taken care of.

There has been a great deal said and written about alternate forms of the funeral and alternatives to the funeral service. There are some valid reasons why this is true. It appears that each succeeding generation adopts a slightly different perspective from the previous generation about the importance and nature of its traditions, customs, rituals and ceremonies. For example, we've observed changes, a loss of meaning and significance in family ceremonies like baptisms, weddings, and funerals. Secondly, the rate of social change is so rapid today that many people are unwilling to keep on doing something merely because it is "traditional," or "it's always been done that way." Thirdly, there have been dramatic changes in life styles, i.e., mate selection, marriage, size of families, residence patterns, mobility, sex roles, equal rights, work patterns and employment, etc. All these changes have had an influence on the kinds of ceremonies that have meaning and importance for people. Lastly, there has been a decrease in the influence of religion on the individual and on the ceremonies and rituals that are part and parcel of our social fabric.

The alternatives that we speak about here are alternatives to the funeral service (rite), and not with phases such as removal, place of disposition or committal.

The options are few but they may take a variety of forms. No attempt will be made here to provide an elaboration of all the forms and alternatives.

-IMMEDIATE DISPOSITION. This usually involves the removal of the dead from the place of death; no preparation of the body; securing and filing the necessary forms and permits, and immediate cremation or burial without any formal rites or ceremonies.

-BODY DONATION. This is the giving of the dead body directly to an institution, e.g., medical school, science laboratories; without formal preparation and without formal rites or funeral service. Memorial services or a funeral at a later date when the body has been returned may or may not be held.

-MEMORIAL SERVICE. There is some confusion and interchangeable use of the terms "memorial service" and "funeral," i.e., thinking that they are the same. However, in the mind and practice of the funeral industry there is a distinction. All funerals are memorial services, but not all memorial services are funerals. A memorial service is service without the body present, and it is intended to take the place of a funeral service. A funeral always has the body present.

With regard to memorial services here are two quotations from two psychiatrists who have studied death, grief and mourning:

Alfred A. Messer of Emory University recently said, "When there is a funeral there should be a body there and I think it should be an open casket. When there is death there should be a funeral. There is no association in people's minds between a memorial service and a man who died two weeks ago."

William M. Lamers, Jr., who practices psychiatry in Kentfield, California, wrote the following in Medical Economics: "Are there any satisfactory funeral substitutes--a memorial service for example? In my opinion, there aren't. Though a memorial service is a response to loss and can be extremely satisfying for many, it's not ideal because it lacks several basic elements. First, a memorial service usually doesn't take place when feelings are most intense, which is shortly after death. Second, members of the family aren't involved in communication, participation and repeated exposure to the fact that death has occurred. These things force people to acknowledge the reality of loss. Finally, a memorial service doesn't include the presence of the body, which means people aren't given as great an opportunity to fix the fact of death in their minds."

There has been an ever increasing interest over the last three decades by many to explore and encourage simplicity in funerals, creative and meaningful alternatives in body disposition, and to make death less expensive. Such an effort began here in Washington State in 1939

and continues today and is widely known and recognized: The People's Memorial Association. It is dedicated to the values of reverence, dignity, compassion and reason. As a non-profit memorial society it is democratic and functions to obtain dignity, simplicity and economy in funeral arrangements through pre-planning. Many have found it to be the answer for them, and it serves all irregardless of race, creed, or color.

> "Everyone agrees that people have the right to, and deserve, every possible choice in the matter of funerals. The People's Memorial Association is just that, another option. Their funeral plans are simple, economical, dignified, and most commendable. I am very happy the plan is being brought to the attention of the Catholic People." (Rev. John J. Morris, S.J.)

THE FUTURE OF THE FUNERAL

In view of our rapidly expanding technology and the changing attitudes of one generation from the other, it seems reasonable to ask the question "Will our society have funerals one hundred years hence, two hundred years?"

Paul E. Irion has vigorously questioned many parts of the American funeral in his book. For example:

> "The funeral can, however, be a means by which the attitudes of the culture toward death and mourning are reshaped. Ritual is not merely a passive reflector of cultural values; it also can participate in the structuring of these values. It is not impossible for the funeral to be restored to its basic purposes and functions and to exert a potent influence upon American thought and behavior. It can be a force in stemming the neurotic flight from reality of our time by affording the support that is necessary for the individual to confront death and loss realistically. It can undergird the acceptance and defiance of death rather than the denying of death. It can resist the radical separation of death from life and deepen life's meaning by acknowledging the dramatic encounter with the reality of death." (P. E. Irion. The Funeral: Vestige or Value? Nashville: Parthenon Press, 1966, p. 59)

Research findings have and continue to substantiate the fact that for most people the death of a loved one or significant other is a traumatic event, even a major life crisis. Funerals have in the past provided for the disposition of the dead, and have been a vehicle for the expression and management of sorrow and brief for the bereaved; and, in all likelihood the funeral will continue to provide that same beneficient service in the foreseeable future.

Adapted from:
Kenneth E. Barber, Ph.D.
Extension Sociologist
W.S.U.
Cooperative Extension Service
1978

SESSION VII

Stages of Death and Dying

Aim:

To help students:

(1) Understand the various stages of the dying process and to understand that these stages are experienced by most people.

(2) Become aware of various caregivers involved in the dying process.

Resources Needed:

Filmstrip projector, cassette recorder and screen
Filmstrip and audiotape, "Perspectives on Dying"
Information Sheet 4, "The Stages of Death and Dying"
Information Sheet 6, "Thoughts About Bereavement, Grief and Mourning"

Room Arrangement:

The filmstrip projector, cassette recorder and screen should be ready for viewing.

Teaching Plans for the Session:

A. Show the Filmstrip, "Perspectives on Dying" (30 minutes)

Introduce the filmstrip in a way similar to this:

"In the last three sessions, we have been discussing the symbols and rituals of death and dying in various cultures, including our own. Perhaps we have come to a better understanding of how conceptions of life and death are translated and made real through our culturally rich traditions. Many of these traditions have a profound effect on how we face death--for ourselves, our friends, and loved ones.

"Death, as we all know, is not reserved only for older adults. Rather, we are confronted with the possibility of accident, disease or sudden death at any time in our lives. How we live with that possibility and react to its certainty have been the study of theologians, physicians, psychologists, sociologists, poets, and many other professional people.

"In this session we will discuss various stages that researchers have observed in terminally ill patients, and even those victims of accidents or sudden illness. How we as human beings deal with such a reality is a valuable topic for discussion and reflection.

"We are going to view a filmstrip based on the research of Elizabeth Kubler-Ross, a Physician/Psychiatrist at the University of Chicago. Her research articles, books, movies, and T.V. appearances have reached millions of people and have done much to remove the taboo nature of the study of death. Her major research has been focused on the stages of death and dying. While the filmstrip we are about to see is based on Kubler-Ross' research, it does not describe the stages in the same terms as the Information Sheet you were given in the last session. As you view the filmstrip, center your attention on these questions:

(1) Where in the filmstrip do you see examples of the stages of death and dying? Elaborate.

(2) What is involved in each of the stages?

B. Total Group Discussion (15 minutes)

Using the above questions, discuss the stages of death and dying presented in the film. If time allows, have the class discuss the following: What is the role of individuals who care (caregivers) for the dying person at each stage?

C. Topic for Next Session (5 minutes)

Tell the students that the topic for the next session will be "The Meaning of Grief." Hand out Information Sheet 6, "Thoughts About Bereavement, Grief, and Mourning," and ask them to read it before the next session.

INFORMATION SHEET 4

THE STAGES OF DEATH AND DYING*

Dr. Elizabeth Kubler-Ross has observed five major stages in the dying process. Her studies have found that these stages tend to occur in order but not always. Below are her five stages and a brief description of each.

1. Denial and Isolation - This stage is evident when the person becomes aware of his/her terminal illness and says, "No, not me." Periods of denial are used positively as a healthy way to cope with the shock of finding out the truth. This also causes many people to seek other advice about the seriousness of the illness. However, it is helpful for the patient to eventually reach a willingness to discuss the illness.

2. Anger - In this stage, the patient often asks, "Why me?" He/she feels resentment and envy, frustration and helplessness. They are angry with family, doctors, nurses, and friends, and need to feel cared for and respected.

3. Bargaining - After the anger subsides, the person begins bargaining with God, the staff or the illness itself. The person wants more time with which to be cured or to finish undone work. This stage is looked upon as a positive stage where the person is not giving up, rather fighting for what life is left.

4. Depression and Withdrawal - In this stage the person feels a great sense of loss either from past losses, disappointments and guilt or from future losses from family and material goods. Often the depression is not openly expressed, but should be allowed to proceed. Cheering up and supporting the person is very helpful during this stage. Dr. Kubler-Ross sees this stage of depression as necessary and beneficial if the patient is to die in a stage of acceptance.

5. Acceptance - In this final stage the person "contemplates the end with a certain degree of quiet expectation." The person is usually tired and weak, and is "resting before the long journey." It is a time when the person is more acceptant of death than family and friends.

---

*Adapted from Elizabeth Kubler-Ross. On Death and Dying. New York: Macmillan, 1969.

SESSION VIII

The Meaning of Grief

Aim:

To help students:

(1) Understand the meaning of grief.

(2) Examine their own feelings about grief.

Resources Needed:

"Lament" audiotape and tape recorder
Information Sheet 5, "Lament"
Information Sheet 6, "Thoughts About Bereavement, Grief, and Mourning"
Newsprint and felt markers
Information Sheet 7, "The Elements of the Grief Process"

Teaching Plans for the Session:

A. "Lament" Tape (10 minutes)

Begin the session in some way similar to this:

"In our last session, we spent some time looking at the stages of death and dying. These were the stages the dying person goes through, but there is another concern in the dying process which was not really dealt with last time. I am talking about the grief experienced by those persons left behind. The healthy handling of grief is a real concern, and it's what we will be dealing with in this session. To start off our thinking about grief, I would like for us to listen to a poem by Edna St. Vincent Millay entitled Lament. As you listen to this poem, try to sense what it means to grieve."

Give the participants Information Sheet 5, "Lament," and play the tape.

After the tape, ask the participants to describe what grief is as they sensed it in this poem. Do not take a long time with these descriptions. Just quickly get a number of ideas from the group members.

B. Triads (20 minutes)

This activity might be introduced in the following manner:

"The loss of a loved one through death can bring about a state of bereavement or grief. Grief can also be experienced from a variety of other losses such as the death of a pet or a move away from friends. Let us examine some personal experiences we may have had with grief."

Divide the group into groups of three (3). Ask each person to briefly tell their group some grief experience they have had and in one word try to describe how they felt. Take about 15 minutes in the triads and then let the groups share their "one-word descriptions" with the total group. Record these words on newsprint and leave them before the group for the duration of this session and the next as a "mood-setter" or "conscious-raising experience."

C. Define Grief (15 minutes)

The compiled list of one-word descriptors of grief will serve as a good transition into the next activity which can be introduced as follows:

"We have been describing what grief is like and how it feels, but how would you define grief?"

Have the students turn to the definitions of grief given in Information Sheet 6, "Thoughts About Bereavement, Grief, and Mourning," (p. 2) and discuss the following:

(1) Which of the one-word descriptors previously listed can be found in these definitions?

(2) Do any of these definitions describe the emotions we have been talking about? Which ones?

(3) Is one definition more relevant for you than the others? Why? Why not?

If time allows, you may ask the students if they can think of any other definitions of grief.

D. Topic for Next Session (5 minutes)

Tell the class that the topic of grief will be continued in the next session with a study of the stages of the grief process. Hand out Information Sheet 7, "The Elements of the Grief Experience," and ask them to read it before the next session.

INFORMATION SHEET 5

Lament

Listen, children:
Your father is dead.
From his old coats
I'll make you little jackets,
I'll make you little trousers
From his old pants.
There'll be in his pockets
Things he used to put there,
Keys and pennies
Covered with tobacco;
Dan shall have the pennies
To save in his bank;
Anne shall have the keys
To make a pretty noise with.
Life must go on,
Though good men die;
Anne, eat your breakfast;
Dan, take your medicine;
Life must go on:
I forget just why.

Edna St. Vincent Millay

INFORMATION SHEET 6

THOUGHTS ABOUT BEREAVEMENT, GRIEF, AND MOURNING

Introduction

Some, perhaps many or most, of you may have a question in your mind about the appropriateness of public education events on subjects that are personal, private, sacred, and largely taboo. Why talk about death and the consequent activities of grief, mourning, and funerals? We seem to have a certain amount of avoidance about doing so. This attitude of avoidance is illustrated by the comment a lady made who attended the class and had even talked with a funeral director. Her friends were rather "taken aback" and acted, she said, as if one got too close to a funeral that "it would somehow rub off on you and that you too would soon end up dead."

We want to talk about death for positive reasons. It seems that it is beneficial, helpful, and growth enhancing to talk about death and grief because:

- they are natural parts of life and living,
- they are inevitable facts of life,
- it isn't logical or realistic to separate death from life,
- to learn about death is to learn something about life.

Therefore, it is the hope and expectation that through the educational process of information and idea sharing, talking and discussing, analyzing and reflecting the individual can come to terms with their own personal attitudes, feelings, emotions, and values, and experience a dimension of growth towards becoming a mature human being. It is a way of "being prepared" for our own death, an opportunity to develop skills and confidence in helping others deal with their own dying, death, or grief. Being forewarned is akin to being forearmed. To have information is to eliminate many of the fears, the unknown, the unexpected from life and to be better able to handle life's experiences more competently. This sort of experience is called anticipatory socialization. It is the idea of being exposed, being prepared, being informed, etc., in advance of the real thing; a sort of trial run, if you will.

Thoughts About and Definitions of Bereavement, Grief, and Mourning

Because of the tendency in our society to use these words and concepts in an interchangeable manner, it will be useful to present a dictionary-type definition for each term to indicate that they are distinguishable and separate words. However, their meaning is a matter of individual understanding and use.

It might be useful to point out that we are talking about bereavement as a consequence of death and not other causes, and, because we are defining other concepts, that we are also using a particular definition for death.

Death: "The act or fact of dying. The permanent ending of all life in a person, animal, or plant."

Bereavement: (dictionary definition) "The state or situation of being left in a sad or lonely state, as by loss or death."

Here are other definitions, descriptions, and thoughts about bereavement.

--- "Bereavement is a condition caused by the death of a loved one. A condition of variable duration that has physical, mental, emotional, social, spiritual, behavioral, and other influences on the individual."

--- "Bereavement is a period in one's life following the death of a significant 'other.' It says nothing of the quality or duration of emotion, but only signifies a date within a personal history."

--- "Bereavement is the event in personal history that triggers the emotions of grief."

It may also be said that bereavement is a compound crisis, a painful shock, a change in social status, often an economic catastrophe, a philosophical challenge, a time of personal testing; an experience that calls for reorganizing routines and habits, or a lifetime of marriage; a time of reflection, evaluation, self-analysis, projection, pain, criticism, pleasure, remorse, fond memories, satisfaction, closure, etc.

Grief: (dictionary definition) "Intense emotional suffering caused by loss, disaster, misfortune, etc.; acute sorrow; deep sadness."

Thoughts and other definitions and descriptions about grief.

--- ". . . the response to any loss or separation, real or imagined, actual or symbolic, of any emotionally significant person, object, or situation which is perceived to be of an irredeemable or permanent nature."

--- "Grief is more than sorrow."

--- "Grief is the intense emotion that floods life when a person's inner security system is shattered by an acute loss, usually associated with the death of someone important in his/her life."

--- "Grief is the raw feelings that are at the center of a whole process that engages the person in adjusting to changed circumstances, e.g., the deep fears of mourners, the prospects of loneliness, or facing obstacles and a new way of living."

Mourning: (dictionary definition) "The actions or feelings of one who mourns; the expressions of grief at someone's death. The period during which one mourns the dead."

Thoughts and other definitions, and descriptions about mourning.

--- ". . . a process of recovery and adjustment to the death of significant person in one's life."

--- "Mourning is the process by which the powerful emotion is slowly and painfully brought under control."

By way of summary and in an attempt to integrate these concepts, it could be stated in this manner. Death is the cessation of life. That fact creates the state of being bereaved. Bereavement is the total experience that includes all of the events and feelings from death, through grief and mourning to recovery. Grief is all the emotions that are felt because of death and loss; while mourning is the process by which grief is expressed and an adjustment made to the death of a significant person.

The Pattern of Bereavement

There is a general pattern to the events that characterize the bereavement experience. When one examines all of the events and their relationship to each other, it takes the following sequence:

1) There is an awareness of the approach or nearness of actual death.

2) Death occurs, evoking the physical and emotional responses to that death.

3) A prefuneral period.

4) The funeral and burial.

5) A period of mourning.

6) A final period of adjustment, recovery, or stabilization.

Factors That Influence the Experience of Personal Bereavement

The way that people experience bereavement is both unique and typical. It is unique and varied because people are not identical and do not respond to a similar situation in identical ways. Yet, reactions may be typical or even stereotyped in the sense that all human behavior falls within a particular range or pattern that can be identified and understood.

The way that grief may be expressed runs from no response whatever, on one hand, to such intense grief or depression, on the other, that the bereaved person thinks about or actually attempts suicide. These reactions represent the extreme opposite ends of the responses that are possible, yet these extremes are actually experienced by very few people. The reactions of most bereaved persons occur within a central area of response, which contain many common factors. It also remains virtually impossible to predict in advance how any given person will react to the death of a significant other in their life.

Among the factors and conditions that influence the bereavement process, and that tend to make it a unique, individual experience are the following:

- Age of the bereaved person.
- Sex and the sex role identification of the bereaved person.
- Prior experience with death.
- Religious beliefs and orientation.
- The nature of physical and emotional involvement with the deceased.
- Cultural background.
- Personal maturity, feelings, and attitudes.
- Physical and mental health of the bereaved.
- The manner or type of death; e.g., expected, anticipated, rejected, sudden, natural, accidental, violent, or self-inflicted.
- The social and geographic distances that separate the deceased and the bereaved.
- Other interactions and relationships of the bereaved with the deceased.

Adapted from:

Kenneth E. Barber, Ph.D.
Extension Sociologist
Washington State University
Cooperative Extension Service
1978

SESSION IX

Handling Grief

Aim:

To help students:

(1) Understand the stages of grief.

(2) Become aware of roles that caregivers may assume with those in grief.

Resources Needed:

Information Sheet 7, "The Elements of the Grief Experience"
Information Sheet 8, "How to Be a Caregiver in a Grief Situation"

Teaching Plans for the Session:

A. Discussion of Information Sheet 7, "Triads" (20 minutes)

Begin this session in some way similar to this:

"In our last session we spent some time examining our personal experiences with grief and understanding the meaning of grief. Today we will consider the stages involved in 'grief-work.' Grief-work emphasizes the need for completing the task of mourning, accepting the reality of the death of a loved one, and going through the process of cutting the emotional ties with the dead person. Get back into your triads of the last session and discuss Information Sheet 7, "The Elements of the Grief Experience," by answering the following questions:

(1) How realistic are the ten stages of grief listed by Westberg (pp. 1 and 2)? Does one have to go through all ten stages to be healthy? Elaborate.

(2) What are some similarities and differences between normal and abnormal grief reactions and adjustments (pp. 4-6)?

Have half of the triads discuss question 1 and the other half discuss question 2. The questions should be listed on newsprint or the chalkboard so they may be referred to easily.

B. Discussion of Information Sheet 7 - Total Group (20 minutes)

Begin the class discussion by having one of the triads which discussed question 1 report to the whole group. The other triads which discussed the first question should then add any further key ideas followed by a discussion by the entire class. Follow the same procedure for the discussion of the second question. Any remaining time can be spent discussing the following: Can other persons (caregivers) help in the grieving process? Why or why not?

C. How to Be a Caregiver (10 minutes)

The previous discussion will be a natural "lead in" for the next activity. Introduce this portion of the session by saying:

"We often feel inadequate in a grief experience. We don't know what to do or we just can't seem to find words to express how we feel or to bring comfort to the bereaved. Let's examine a list of 'Aids for the Caregiver'."

Distribute Information Sheet 8, "How to Be a Caregiver in a Grief Situation."

Use these questions in the discussion:

(1) How realistic are these "aids"?

(2) Should any be omitted? Why?

(3) What other "aids" should be added? Why?

INFORMATION SHEET 7

ELEMENTS OF THE GRIEF EXPERIENCE

It has already been stated that grief is a unique and personal experience. Yet, when grief is described and discussed it is often done so in terms of stages; and the impression is that it occurs in a rather systematic manner. Therefore, please keep in mind the following points about grief as the stages are presented and discussed.

- A person may experience more than one stage of grief at the same time.
- Grief (grieving) is not necessarily a step-by-step or orderly process.
- Not everyone goes through all of the stages, but, generally, it is necessary to experience most of them for successful adjustment.
- Successful adjustment to the death of a loved one does not mean that the bereaved person becomes "the same old self" again. The person can become himself/herself again as a whole, fully functioning person; but after having such an experience, one is not the identical self again.

The stages of grief presented are adopted from the ideas of Granger Westberg in his writing, Good Grief.

(1) Shock and/or Disbelief.

- may last for a few hours or days.
- a temporary retreat from what has happened.
- a merciful numbing effect.

(2) Emotional Release.

- usually crying and sobbing, sometimes uncontrollable or hysterical.

(3) Depression/Loneliness.

- a sense of allienation from others, maybe even God.

(4) Physical Distress.

- feeling of weakness, strength has been drained away.
- digestive upsets, loss of appetite, more prone to infections and ailments.
- high blood pressure, rapid heart beat, changed body temperature.

(5) Panic.

- can't think of what to do.
- experience of disbelief again, it can't have happened.

(6) Feelings of Guilt.

- wishful thinking.
- regret about what happened in the past.
- heightened feeling due to the loss of the presence of the deceased.
- guilty feelings may be expressed as anger toward others.

(7) Hostility and Resentment.

- directed outwards, to doctors, hospital staff, and others involved.
- or against friends and relatives who have not been directly affected.
- directed toward the dead person ("How dare you leave me!")
- directed against self.

(8) Inability to Return to Normal Routines.

- everything seems too hard or impossible.
- questions the worthwhileness of everything.

(9) Reconciliation.

- beginning to make adjustments and adaptations.
- the taking of positive actions.

(10) Struggle to Adjust to Reality.

- acknowledges that death has occurred, and life must go on.
- coping with new arrangements and realities.
- "making it."

Why Do We Grieve?

It seems unnecessary, perhaps, to ask such a question. Yet, the answers are insightful and telling, as well as helpful. We grieve for ourselves, for the loss to us of another; out of fear of the unknown, and a fear of the future; we grieve because of the feelings of insecurity caused by the past unpredictable things others did at times of death and funerals.

Grief As a Process

Willard Waller, an early 20th century social scientist, now dead, stated that he believed the central issue of bereavement was the conflict between "wish forces" which refuse to give up the deceased - and objects and memories associated with them - and "reality" which demands that these things shall be given up.

Waller advocated a process of mourning, others have since referred to it as "grief work," which is the application of good mental health principles. One of the reasons, Waller argued, for considering the dynamics of mourning is because of the habit system. The habit system refers to the entire range of bonds and associations that connect two people, as in marriage. When one partner dies, these habits and associations established between them are not immediately severed, psychologically or emotionally. As an illustration of the mourning process, let's say that a man's wife has died. After the funeral, in the normal course of events, he is downtown and sees a dress in the window of a lady's dress shop. He remembers how his wife liked similar dresses, or how she would like that particular one, and how she would look in it. Then he realizes that she is dead. He experiences a stab of grief or pain. This process then goes on until most or all of the habits and associations between two people have been awakened, emotionally reacted to, and worked through.

Then that process continues until new associative bonds and habits have been established throughout the whole range of habits and connections, and until they no longer disturb the bereaved. The pain and grief experiences steadily diminish as the habit system is experienced and worked through. This process is useful, even if it is painful. It helps to release frustrated attitudes which otherwise could become pathogenic. The thought of death aids in accepting reality; the stab of grief expresses pent-up emotions and releases them in small quantities that the individual can handle.

That this process occurs, and that it is beneficial, perhaps necessary, to recovery and healthy adjustment seems to be supported by the comments of two researchers, among many others, Silverman and Lindemann.

Harvard sociologist Phyllis Silverman, who has directed a "widow-to-widow" program in Boston in which older widows were employed to help the newly bereaved with their problems, says of more than 400 widows with whom she worked:

> "They found that nobody wanted to hear them cry, nobody really wanted to listen, and that this pain was something they had to share."

Psychiatrist Erich Lindemann of Stanford University medical school says the widow's expression of grief is central to her recovery. In a classic paper that appeared nearly 30 years ago in the American Journal of Psychiatry, Lindemann says that the length of the widow's grief reaction depends upon

Information Sheet 7 (continued)

"the success with which a person does the grief work; namely, emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of the new relationships." Lindemann says that if the widow represses her emotions - which our society encourages her to do - and ". . . tries to avoid the intense distress connected with the grief experience," the grief work will not get done. Severe psychiatric problems may result; she needs to talk and to work it out.

Possible Individual Effects of Bereavement

Drawing on the pioneer work of Thomas D. Eliot, who studied the reactions of bereaved persons, he has listed some of the primary and secondary reactions to bereavement that were experienced. He has also outlined patterns of adjustment that vary from total failure to adjust on the one hand to what might be called conspicuous success in facing bereavement on the other.

- Total failure to adjust: suicide, early death, insanity, moral disintegration, and obsession.

- Partial failure to adjust: development of eccentricities, physical illness, prostration, aboulia (purposelessness, indecision), isolation, embitterment, misanthropy (hatred and distrust of all people), cynicism, reversion to or recurrence of griefs, self-blame or personal hates, fears, and loneliness.

- Partial success in adjusting: resignation, fate, "God's will," stoicism, stereotyped ideas of immortality, misery escaped, sentimental memories, effective repression of memories, intensification of affections, extension of affections, deliberate absorption in duties or distractions, new or fantasied love objects.

- Conspicuous success in adjusting: new love object, thorough religious rationalization, spontaneous forgetting, relaxation of tensions, devotion to life work, identification with role of deceased, creation of constructive memorials, transmutation of the experience into a productive reintegration of the personality.

(Thomas D. Eliot. "The Bereaved Family," The Annals of the American Academy of Political and Social Science, March 1932, p. 4.)

Bereavement Adjustment: Normal, Abnormal

When considering the phenomenon of bereavement, it seems appropriate to raise the issue regarding what is normal or healthy, and what are abnormal and unhealthy reactions. In considering the nature of any individual's reactions or behavior it must be remembered (taken into account) that:

Information Sheet 7 (continued)

1. Each person is different, and their grief reaction will not be identical to any other person's reaction.

2. What is "normal" for one person may be "abnormal" for another.

3. The difference between "normal" and "abnormal" may be a matter of interpretation, and that it may be one of degree and/or duration, intensity, and other factors.

4. The diagnosing of abnormal reactions may best be left up to those best qualified to do so.

5. That there are some general indications, behavioral patterns, physical and mental symptoms that suggest abnormal reactions.

6. That the range and variety of human emotions and the manner in which they can be expressed or made manifest is extremely varied and complex.

7. That the ideas and items given below are not hard and fast categories, nor sure signs of normalcy or abnormalcy. They are some of the reactions that those who study bereavement and the people who work with the bereaved have reported in their writings.

In the area of normal grief reactions and adjustments, the following have been discussed in the literature. This is not intended to be an all-inclusive list, only examples.

A state of shock; emotional release - anger, hostility, vulgar cussing, crying, weeping, or uncontrollable tears; feelings of aloneness, isolation, of being deserted - even by God; mental depression; physical distress, body weakness, dizziness, digestive upsets, nausea, loss of appetite; nervousness, insomnia; irritability; high blood pressure; ringing in the ears; panic; guilt; hostility and resentment toward self and/or others; doubts; fears; worry; inability to attend to normal routines and duties; dejection; feelings of numbness, feeling weird, "zombielike" or dazed; slowness of speech and incoherent language, etc.

(Information and ideas adapted from: A. H. Kutscher, Death and Bereavement, IL: C. C. Thomas, 1969. Edgar A. Jackson. Robert Fulton, Death and Identity, New York: John Wiley, 1965. Thomas Eliot, "The Bereaved Family," Annals of Am. Acad. of Pol. & Soc. Sci., March 1932. Granger Westberg, Good Grief.

Indications of abnormal reaction and adjustments are attitudes and behavior such as: extreme or excessive embitterment, cynicism, reversion to grief, self-blame, and fears; acute aboulia; physical prostration; mental and/or medical illness; insanity; obsession(s); obtuse eccentricities; furious hostility; social isolation; altered relationships; acquired symptoms; detrimental activities; agitated depression; overactivity; early death; and attempted or actual suicide, etc.

Information Sheet 7 (continued)

The following maladaptations to grief were reported in a journal article. (See reference following list.)

Pathological adjustments to death:

1. Exaggeration - a prolonged and intense reaction, chronic, may lead to depression, may include nightmare, outbursts of anger, strong feelings and self-destructiveness, intense guilt, the mourner must be punished.

2. Complete ego breakdown - intense rage projected outward and includes paranoid and persecutory delusions, panic at the thought that the dead person will return and do harm, self (ego) boundaries disintegrate and they can't tell whether they are themselves or the dead person, they may believe that both internal and external evil objects dominate them day and/or night.

3. Pathological identifications - the mourner assumes the symptoms of the deceased and they retain images of the dead as though they were alive, i.e., chest pains, heart attack, fear of cancer, etc.

4. Arrested psychosocial development - a form of neurotic mourning that prevent the course of normal development, a fixation at a stage when the death occurred, i.e., a child stays at 14 years of age and never grows up.

5. Absence of mourning - denial or postponement of normal-natural emotions, no sorrow, no crying, no grief. A little of this is good, but if it doesn't occur and there is no reaction at all, maybe pathological and later in life interfere with all kinds of relationships.

(Adapted from the article by G. Krupp, MD, DMSc., "Maladaptive Reactions to the Death of a Family Member," Social Casework, July 1972.)

Bereavement Adjustment: Some Points to Remember

- Adjustment can be a long, slow process. One's reactions may change several times before final adjustment is reached. It is of little use to try to hurry the process and to try to fill time completely with activity.

- First reactions may be expected to be intense, yet one cannot predict what form they will take.

- The funeral tends to have a beneficial effect and forces the bereaved to face the fact of death.

- A more difficult phase of adjustment comes after the funeral when the usual routines of life must be resumed.

- New roles, new personal relationships, and emotional responses will develop and should be allowed and encouraged.
- One's life will never be quite the same after bereavement as before.

What Not to Do - When in Grief

1. Don't condemn yourself.
2. Don't drug yourself or allow others to drug you.
3. Don't feel sorry for yourself.
4. Don't run away.
5. Don't withdraw from life (don't be a hermit).
6. Don't pay too much attention to what others say.
7. Don't cross bridges until you come to them.
8. Don't underestimate yourself.

A mental health principle that needs stressing is that when you are disturbed by the death of someone close you, it is important that you express your feelings freely. When a person tries to "hold back" feelings for fear of showing "weakness" or because he is disturbed by "unworthy feelings" it is good to try to share these with an understanding friend, relative, clergyman, or professional counselor. There is no real merit in refusing to recognize or in trying to suppress such feelings; one may only be asking for additional difficulty in doing so.

In general, a bereaved person will make a better recovery if he/she:

- accepts the fact that no amount of wishful thinking can bring the loved one back.
- expresses as much grief as he feels.
- makes an effort to adjust to things.
- assumes that he has to help himself instead of letting time solve everything.
- remembers that others have experienced grief and sorrow.
- forms new relationships and develops new interests.
- talks about his loss to others.
- gives emotional support to other members of the family.

Information Sheet 7 (continued)

- recognizes that complete adjustment is never achieved but that pain lessens with time.
- expects his recovery to follow a pattern of "two steps forward and one step backward."
- tries to build a new life instead of trying to keep things the same.
- accepts the emotional support of others.
- has a meaningful religious faith.
- has adequate financial reserves.
- had close ties with family, relatives, and friends.
- accepts sorrow instead of trying to escape from it.

Death is never easy, but it is an inescapable fact that must be met in the best possible way. The family that has built-in strengths through the years, involving spouse, children, grandchildren, and friends in all interpersonal interests, is in a better position to bring the individual family members through this crisis situation with a minimum of disruptive behavior.

Adapted from:

Kenneth E. Barber, Ph.D.
Extension Sociologist
Washington State University
Cooperative Extension Service
1978

INFORMATION SHEET 8

How to Be a Caregiver in a Grief Situation

"Blessed are they that mourn, for they shall be comforted."

"For sorrow shared is sorrow diminished."

"When death destroys an important relationship, it is essential that someone be found partially capable of replacing that relationship." Joshua Liebman

Aids for the Caregiver

One very important step toward being a caregiver is your attendance in this course and what you have learned and are learning.

1. Be informed; try to understand the grief process.

2. Be there; go to your friend or loved one.

3. Let the bereaved set the pace--to talk or to be quiet.

4. Learn to listen: creatively, nonjudgmentally, interestedly.

    a. Listen with the "third ear"--it brings comfort and healing.
    b. Listen to angers and hurts.
    c. Listen to failures and alienations.

5. Include the bereaved in your activities.

6. Be supportive in the ups and downs of the bereaved.

SESSION X

Death: A Part of Life

Aim:

To help students:

(1) Understand that the meaning life has for an individual is related to the meaning death holds for that individual.

(2) Understand that through a fulfillment of life, death can become a fulfilling experience.

(3) Reach a closure between their past and present feelings about death.

Resources Needed:

Obituary Forms
Package of posttest questionnaires

Teaching Plans for Session:

A. Obituary Activity (25 minutes)

You might introduce this activity in a manner similar to the following:

"During the past two weeks, we have been exploring our feelings about death--cultural influences on American views of death, the meaning of the funeral, the stages of dying, and the process of grief. In this session, we will be looking at death in a very personal way--our own death. The life we live will in a large part define the meaning of our death. In this activity you will have the opportunity to reflect on your life and the meaning it has for you."

Have each class member fill out an obituary form on themselves. Allow about 10 minutes for this process. After all of the students have completed their forms, ask the class to reflect on the following questions:

(1) How did you feel about completing an obituary form on yourself?

(2) Has this activity helped you think about your life up to this point? Explain. Has this activity helped you think about your life in the future? Explain.

(3) How would you like to be remembered when you die?

B. Death Philosophy (10 minutes)

The following might be used to introduce this activity:

"As we approach the end of this lesson series on death and dying, it is important that we attempt to bring our ideas together to examine what it all means and instill in ourselves a future of action and creativity in order to better meet the demands of a fulfilled life. In order to do so, let us refer back to the quotation by Dr. Venus Bluestein on her philosophy of death which was given in the first session:

"My own orientation is, to put it quite briefly, that death education helps one to live his life more fully and meaningfully. When one accepts that he will die, that his life is finite, that he cannot choose how and when he will die, but that he can choose how he will live--he gains a different perspective on life; relationships take on a new meaning; one develops a different set of priorities; one constantly questions--how do I wish to spend my life? What are the really important things?"

The quotation should be on newsprint or on the chalkboard so that all the students can refer to it.

After the group has had a brief time to read the statement, you may ask the class the following questions:

(1) How important is a sense of fulfillment or meaningfulness in life to the manner in which we approach death? Explain.

(2) Have your ideas regarding life and death changed during the past two weeks? If so, in what way?

(3) If someone were to ask you now, "What is your philosophy of life and death?", how would you answer him/her?

This activity is designed to help the students sum up their thinking on life and death--there is no one answer that is correct. The important thing is to get the students to verbalize their thoughts and feelings.

C. Complete Questionnaires (15 minutes)

As a final activity, it is important to measure the students' attitudes once again. The following may be used to introduce the questionnaires:

"In order to measure the effectiveness of this workshop, it is necessary to ask you now to complete the same questionnaire that you completed two weeks ago. Please put your telephone number or birth date on the questionnaires just as you did before. This will help in keeping your two questionnaires together. Remember that there will be no attempt to identify persons with their answers. We only want to be able to keep an individual's responses together. Thanks for your help in this."

Appendix B. The General Information Questionnaire

Questionnaire

Identifying number _____

1 2 3 _____

For the following questions, please check ✓ the appropriate responses. We thank you for your participation.

4. What is your sex?
   ___1. Female
   ___2. Male

5. What is your age?
   ___1. 14
   ___2. 15
   ___3. 16
   ___4. 17
   ___5. 18
   ___6. 19

6. What is your religious preference?
   ___1. Baptist
   ___2. Methodist
   ___3. Presbyterian
   ___4. Catholic
   ___5. Jewish
   ___6. Other _____
   ___7. None

7. What is your grade in school?
   ___1. 9th grade
   ___2. 10th grade
   ___3. 11th grade
   ___4. 12th grade

8. What is your place in your family?
   ___1. Only child
   ___2. Oldest child
   ___3. Youngest child
   ___4. Between youngest and eldest child

9. What is your racial group?
   ___1. American Indian
   ___2. Black
   ___3. White
   ___4. Other _____

10. What was your own first personal involvement with death?
    ___1. Grandparent or great-grandparent
    ___2. Parent
    ___3. Brother or sister
    ___4. Other family member
    ___5. Friend or acquaintance
    ___6. Stranger
    ___7. Public figure
    ___8. A pet animal
    ___9. Other _____
    __10. Have not had any personal involvement with death

11. When was your last personal involvement with death?
    ___1. Within the past 6 months
    ___2. Within the last 6 months to one year
    ___3. Within the last one year to 5 years
    ___4. More than 10 years

12. Have you attended a funeral recently?
    ___1. In the past 6 months
    ___2. Within the last 6 months to one year
    ___3. Not for several years
    ___4. Never

13. In your home, how and when is the subject of death or dying discussed?
    ___1. Openly
    ___2. With a sense of discomfort
    ___3. Only when necessary and excluding the children
    ___4. As a taboo subject
    ___5. Never talked about
    ___6. When a pet animal dies
    ___7. Other

Appendix C. The Kogan O.P. Scale

The Kogan O.P. Scale

Please indicate your honest feelings about each of the following statements by placing a circle O around a letter or letters using this code:

SA=Strongly Agree	DS=Disagree slightly
A=Agree	D=Disagree
AS=Agree slightly	SD=Strongly Disagree

1. It probably would be better if most old people lived in residential units with people their own age. SA A AS DS D SD
2. Most old people are capable of new adjustments when the situation demands it. SA A AS DS D SD
3. Most old people tend to let their homes become shabby and unattractive. SA A AS DS D SD
4. Old people have too little power in business and politics. SA A AS DS D SD
5. Most old people bore others by their insistence on talking about the "good old days". SA A AS DS D SD
6. When you think about it, old people have the same faults as anybody else. SA A AS DS D SD
7. There are a few exceptions, but in general most old people are pretty much alike. SA A AS DS D SD
8. Most old people are cheerful, agreeable, and good humored. SA A AS DS D SD
9. Most old people make excessive demands for love and reassurance. SA A AS DS D SD
10. Most old people are really no different from anybody else: they're as easy to understand as younger people. SA A AS DS D SD
11. Most old people would prefer to quit work as soon as pensions or their children can support them. SA A AS DS D SD
12. It is foolish to claim that wisdom comes with old age. SA A AS DS D SD
13. Most old people are very relaxing to be with. SA A AS DS D SD
14. Most old people spend too much time prying into the affairs of other people and giving unsought advice. SA A AS DS D SD
15. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it. SA A AS DS D SD
16. Most old people should be more concerned with their personal appearance; they're too untidy. SA A AS DS D SD

17. One seldom hears old people complaining about the behavior of the younger generation. SA A AS DS D SD

18. There is something different about most old people; it's hard to figure out what makes them tick. SA A AS DS D SD

19. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody. SA A AS DS D SD

20. People grow wiser with the coming of old age. SA A AS DS D SD

21. Most old people make one feel ill at ease. SA A AS DS D SD

22. Most old people respect others' privacy and give advice only when asked. SA A AS DS D SD

23. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it. SA A AS DS D SD

24. Most old people seem to be quite clean and neat in their personal appearance. SA A AS DS D SD

25. Most old people are constantly complaining about the behavior of the younger generation. SA A AS DS D SD

26. It would probably be better if most old people lived in residential units that also housed younger people. SA A AS DS D SD

27. Most old people get set in their ways and are unable to change. SA A AS DS D SD

28. Most old people can generally be counted on to maintain a clean, attractive home. SA A AS DS D SD

29. Old people have too much power in business and politics. SA A AS DS D SD

30. One of the more interesting qualities of most old people is their accounts of their past experiences. SA A AS DS D SD

31. If old people expect to be liked, their first step is to try to get rid of their irritating faults. SA A AS DS D SD

32. It is evident that most old people are very different from one another. SA A AS DS D SD

33. Most old people are irritable, grouchy, and unpleasant. SA A AS DS D SD

34. Most old people need no more love and reassurance than anyone else. SA A AS DS D SD

Appendix D. The Templer-McMordie
Death Anxiety Scale

The Templer-McMordie Death Anxiety Scale

Directions: This form contains a series of statements. Read each one, decide how you feel about it and put an X on the line below to indicate how you feel about it. If you cannot make up your mind about a statement put an X next to undecided. Try to use the undecided and neutral ratings as little as possible. Please answer all items.

Example

A. I enjoy reading novels.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
	X					

___Undecided

1. I am very much afraid to die.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

2. The thought of death seldom enters my mind.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

___Undecided

3. It doesn't make me nervous when people talk about death.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

___Undecided

4. I dread to think about having to have an operation.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

5. I am not at all afraid to die.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

___Undecided

6. I am not particularly afraid of getting cancer.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

___Undecided

7. The thought of death never bothers me.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

___Undecided

8. I am often distressed by the way time flies so rapidly.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

9. I fear dying a painful death.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

10. The subject of life after death troubles me greatly.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

11. I am really scared of having a heart attack.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

12. I often think about how short life really is.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

13. I shudder when I hear people talking about World War III.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

14. The sight of a dead body is horrifying to me.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree

___Undecided

15. I feel the future holds nothing for me to fear.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

___Undecided

Appendix E. Correlation Matrix Tables

Appendix E, Table 1. Pearson's product moment correlation coefficients of death anxiety and attitudes toward older persons (N-475)

Tests	Pre DA	Post DA	Diff DA	Pre OP	Post OP	Diff OP
Pre DA	1.0000 (0.0000)	0.7045 (0.0001)*	-0.3538 (0.0001)*	-0.0604 (0.1890)	-0.1469 (0.0012)*	-0.1540 (0.0008)*
Post DA	0.7845 (0.0001)*	1.0000 (0.0000)	0.3025 (0.0001)*	-0.1105 (0.0160)*	-0.1520 (0.0009)*	-0.0865 (0.0595)*
Diff DA	-0.3538 (0.0001)*	0.3025 (0.0001)*	1.0000 (0.0000)	-0.0739 (0.1078)	-0.0034 (0.9411)	0.1061 (0.0207)*
Pre OP	-0.0604 (0.1890)	-0.1105 (0.0160)*	-0.0739 (0.1478)	1.0000 (0.0000)	0.8070 (0.0001)*	-0.1656 (0.0003)*
Post OP	-0.1469 (0.0013)*	-0.1520 (0.0009)*	-0.0034 (0.9411)	0.8070 (0.0001)*	1.0000 (0.0000)	0.4487 (0.0001)*
Diff OP	-0.1540 (0.0008)*	-0.0865 (0.0595)*	0.1061 (0.0207)*	-0.1656 (0.0003)*	0.4487 (0.0001)*	1.0000 (0.0000)

Note: Numbers in parentheses are indexes of probability of the result.

*Significant at .10 level.

Appendix E, Table 2. Pearson's product moment correlation coefficients of death anxiety and attitudes toward older persons (N=350)

Tests	Pre DA	Post DA	Diff DA	Pre OP	Post OP	Diff OP	PPDA	PPOP	Diff PDA	Diff POP
Pre DA	1.00000 (0.0000)	0.78618 (0.0001)*	-0.35455 (0.0001)*	-0.07784 (0.1462)	-0.16603 (0.0018)*	-0.16299 (0.0022)*	0.65646 (0.0001)*	-0.12384 (0.0205)*	-0.20401 (0.0001)*	0.09725 (0.0692)*
Post DA	0.78618 (0.0001)*	1.00000 (0.0000)	0.29912 (0.0001)*	-0.10937 (0.0409)*	-0.17883 (0.0008)*	-0.13712 (0.0102)*	0.77162 (0.0001)*	-0.17848 (0.0008)*	-0.35274 (0.0001)*	0.04201 (0.4334)
Diff DA	-0.35455 (0.0001)*	0.29912 (0.0001)*	1.00000 (0.0001)*	-0.04528 (0.3984)	-0.01421 (0.7911)	0.04420 (0.4098)	0.15387 (0.0039)*	-0.07883 (0.1411)	-0.21869 (0.0001)*	-0.08661 (0.1058)*
Pre OP	-0.07784 (0.1462)	-0.10937 (0.0409)*	-0.04528 (0.3984)	1.00000 (0.0000)	0.80925 (0.0001)*	-0.13914 (0.0091)*	-0.00631 (0.9064)	0.72387 (0.0001)*	0.15344 (0.0040)*	-0.08661 (0.0001)*
Post OP	-0.16603 (0.0018)*	-0.17883 (0.0008)*	-0.01421 (0.7911)	0.80975 (0.0001)*	1.00000 (0.0000)	0.46840 (0.0001)*	-0.09697 (0.0700)*	0.79059 (0.0001)*	0.12342 (0.0209)*	-0.52356 (0.0001)*
Diff OP	-0.16299 (0.0022)*	-0.13712 (0.0102)*	0.04420 (0.4098)	-0.13914 (0.0091)*	0.46840 (0.0001)*	1.00000 (0.0000)	-0.15415 (0.0038)*	0.24429 (0.0001)*	-0.02274 (0.6715)	-0.42058 (0.0001)*
PPDA	0.65646 (0.0001)*	0.77162 (0.0001)*	0.15387 (0.0039)*	-0.00631 (0.9064)	-0.09697 (0.0700)*	-0.15415 (0.0038)*	1.00000 (0.0001)*	-0.12914 (0.0156)*	0.32302 (0.0001)*	-0.02224 (0.6784)
PPOP	-0.12384 (0.0205)*	-0.17848 (0.0008)*	-0.07883 (0.1411)	0.72387 (0.0001)*	0.79059 (0.0001)*	0.24429 (0.0001)*	-0.12914 (0.0156)*	1.00000 (0.0001)*	0.07558 (0.1583)	0.10779 (0.0439)*
Diff PDA	-0.20401 (0.0001)*	-0.35274 (0.0001)*	-0.21869 (0.0001)*	0.15344 (0.0040)*	0.12342 (0.0209)*	-0.02274 (0.6715)	0.32302 (0.0001)*	0.07558 (0.1583)	1.00000 (0.0001)*	-0.09522 (0.0752)*
Diff POP	0.09725 (0.0692)*	0.04201 (0.4334)	-0.08661 (0.1058)*	-0.30750 (0.0001)*	-0.52356 (0.0001)*	-0.42058 (0.0001)*	-0.02224 (0.6784)	0.10779 (0.0439)*	-0.09522 (0.0752)*	1.00000 (0.0001)*

Note: Numbers in parentheses are indexes of probability of the result.

*Significant at .10 level.

APPENDIX F. Supplementary Materials for Use with the Lesson Series

Supplementary Materials for Use with
the Lesson Series
"Death: A Part of Life"

Filmstrips and Cassettes	Available From	Cost
"Walk in the World for Me," filmstrip of a five part series: "Death and Dying: Closing the Circle"	Guidance Associates Box 3000 Communications Park Mount Kisco, NY 10549	$179.50-full set $49.50-individual filmstrips
"Perspectives on Dying," 1 filmstrip, 1 cassette	Concept Media Box 19542 Irvine, California 92714	$98.00
Slides		
"Cross-Cultural Aspects of Death and Dying," Series SF, 1972	Educational Perspectives Assoc. P.O. Box 213 Dekalb, Illinois 60115	$33.00
Recordings		
"Mortality," composed by Daniel Reed Album: The New Golden Ring, "Five Days Singing," Vol. 2	Folk Legacy Records, Inc. Sharon, Connecticut 06069	$5.95
"O Death, Where Is Thy Sting?" Album: "The Messiah" by G. F. Handel by London Symphony Orchestra and Chorus	Birdwing Records A Division of Sparrow Records 8587 Canoga Ave. Canoga RR, California 91304	$9.98
"And When I Die" Album: "Greatest Hits," Blood, Sweat and Tears	Columbia Records 51 W. 52 St. New York, New York	$5.97
"Its Not My Time to Go" Album: "Last Train to Hicksville...The Home of Happy Feet," Dan Hicks and the Hot Licks	MCA Records, Inc. 70 Universal City Plaza Universal City, California	$4.98
"Little Ditches" Album: "Child Prodigy," Mike Cross	Ghe Records P.O. Box 13222 Gainesville, Florida 32604	$6.49